

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 48

ADVISORY BOARD ON RADIATION AND WORKER HEALTH

VOL. IV

The verbatim transcript of the 48th
Meeting of the Advisory Board on Radiation and
Worker Health held at the Red Lion Richland Hanford
House, Richland, Washington, on July 19, 2007.

*STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
404/733-6070*

C O N T E N T S

July 19, 2007

WELCOME AND OPENING COMMENTS DR. PAUL ZIEMER, CHAIR	9
VOTING PROCEDURES; CHAPMAN VALVE SEC DR. PAUL ZIEMER, CHAIR	9
SC&A CONTRACT TASKS FOR FY08 DR. PAUL ZIEMER, CHAIR	25
HANFORD SEC DR. SAM GLOVER, NIOSH, OCAS	68
AGENCY UPDATES DOW CHEMICAL COMPANY	136
UPDATE ON STATUS OF ROCKY FLATS CASES DR. JAMES NETON, NIOSH, OCAS	170
REVIEWS OF SEC WRITE UPS DR. PAUL ZIEMER, CHAIR	184
BOARD WORKING TIME DR. PAUL ZIEMER, CHAIR	212
FUTURE SCHEDULES DR. LEWIS WADE, DFO	228
COURT REPORTER'S CERTIFICATE	248

TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

BOARD MEMBERSCHAIR

ZIEMER, Paul L., Ph.D.
Professor Emeritus
School of Health Sciences
Purdue University
Lafayette, Indiana

EXECUTIVE SECRETARY

WADE, Lewis, Ph.D.
Senior Science Advisor
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Washington, DC

MEMBERSHIP

BEACH, Josie
Nuclear Chemical Operator
Hanford Reservation
Richland, Washington

1 CLAWSON, Bradley
2 Senior Operator, Nuclear Fuel Handling
3 Idaho National Engineering & Environmental Laboratory

GIBSON, Michael H.
President
Paper, Allied-Industrial, Chemical, and Energy Union
Local 5-4200
Miamisburg, Ohio

GRIFFON, Mark A.
President
Creative Pollution Solutions, Inc.
Salem, New Hampshire

1 LOCKEY, James, M.D.
2 Professor, Department of Environmental Health
3 College of Medicine, University of Cincinnati

4 MELIUS, James Malcom, M.D., Ph.D.
5 Director
6 New York State Laborers' Health and Safety Trust Fund
7 Albany, New York

 MUNN, Wanda I.
 Senior Nuclear Engineer (Retired)
 Richland, Washington

 PRESLEY, Robert W.
 Special Projects Engineer
 BWXT Y12 National Security Complex
 Clinton, Tennessee

 ROESSLER, Genevieve S., Ph.D.
 Professor Emeritus
 University of Florida
 Elysian, Minnesota

 SCHOFIELD, Phillip
 Los Alamos Project on Worker Safety
 Los Alamos, New Mexico

IDENTIFIED PARTICIPANTS

ADKINS, LINDA M.
ALLEN, ED
ANDERSEN, WARREN G.
ANDERSON, GARY, CLAIMANT
BARKER, RICHARD
BISTLINE, R.W., SC&A
BRASWELL, CHET
BREYER, LAURIE, NIOSH
BRODACYZNSKI, RAYMOND, HANFORD
BROEHM, JASON, CDC
FITZGERALD, JOE, SC&A
CARRICO, MARYANN, HANFORD SEC PETITIONER
CARY, ANNETTE, TRI-CITY HERALD
CHALER, LLOYD R., RETIRED
CHANG, CHIA-CHIA, NIOSH
COLEMAN, VERNA, RETIRED
CONANT, JOSEPH
COX, C.
CROSS, DARLENE
DALE, ELLEN K., HANFORD
DEAN, DELORIS
DENGATE, IVA
DENGATE, RICHARD
DOMINIA, KIRK, USW
DUNCAN, DIXIE, CONG. HASTINGS
EBY, KRISTIN, SEN. CANTWELL
EDENS, BARBARA
FAUST, LEO, CHEW & ASSOCS.
FISHBACK, KATHLENE
FITZGERALD, JOE, SC&A
FLINT, SUSAN
FORDHAM, EARL, DEPT. OF HEALTH
FRENCH, COLLEEN, DOE RICHLAND
GOSSEEN, RANDALL
GOSSEEN, SHERRY, ZENITH ADMIN.
GILBERT, BURTON, RETIRED
GLOVER, SAM, NIOSH
GOSSEEN, SHERRY, ZENITH ADMIN.
GRIFFIN, SANDIE
GUFFEY, KATHRYN M.
HARTCORN, BETTY
HINNEFELD, STU, NIOSH

HOMOKI-TITUS, LIZ, HHS
HOWELL, EMILY, HHS
HOYT, ROSEMARY, HANFORD SEC PETITIONER
HWANG, JON, ATL
JAMES, CHRISTOPHER
JAMES, WANDA
JANOS, CHRIS A., LEGAL REP.
JANOS, WANDA K., SPOUSE
KEELS, FRED
KIDDER, LORENE
KIMPAN, KATE, ORAU
KITE, MERLE A.
LEDFORD, P.L., SEMI-RETIRED
LEDFORD, T.C., RETIRED
LEGGET, DONALD
LISK, BARB. CONG. HASTINGS
LONG, CHRISTY, DOL
MAKHIJANI, ARJUN, SC&A
MARSH, PETE
MAURO, JOHN, SC&A
MCDANIEL, ART
MCDONALD, ELDEE
MCFEE, MATTHEW, ORAU TEAM
MCKEEL, DAN, SINEW, VI NEWS
MCKENZIE, ROGER
MERRIL, BILL
MILLS, PATRICIA D.
MONTGOMERY, ROBERTA
OGLESBEE, GAI, NAT'L NUCLEAR VICTIMS FOR JUSTICE
OLSON, CAROL A.
OSOWSKI, DEANNA
ROBERTSON-DEMERS, KATHY, SC&A
ROWE, FRAN
RUTHERFORD, LAVON, NIOSH
SCHULTZ, DENISE
SHATELL, CHARLES W.
SIEKLE, DIANA
SMITH, FRANKLIN
SMITH, SANDRA J.
SORENSEN, ADELE
SORENSEN, JOEL
SPLETT, GAIL, DOE
STRUTHERS, DEBI, DOE

THORNTON, REBECCA, SEN. MURRAY
TOMES, TOM, OCAS
TRUDEAU, JULIE
VALDEZ, GEORGE
VENTURN, SUSAN, PROF. CASE MGMT.
VLIEGER, FAYE
WARE, D.C., RETIRED
WENDLAND, JAMES A.
ZACCHERO, MARY JO, ORAU TEAM

JULY 19, 2007

8:45 a.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

1
2
3
4 **DR. ZIEMER:** Good morning, everyone. I'm going
5 to call the meeting to order. This is the
6 third and final day of our Board meeting here
7 in Hanford. Again, the usual reminder to
8 register your attendance with us today in the
9 foyer, if you haven't already done so. And
10 having given that announcement I realize I
11 haven't done that yet, but I'll do that and the
12 rest of you should, also.

13 We have had to change some of the order on the
14 agenda today due to availability of people at
15 various times. The agency updates will occur
16 at 11:30 rather than right now, so you can
17 switch that around. We're also moving the SC&A
18 contract discussions forward and those will
19 ensue shortly.

20 VOTING PROCEDURES; CHAPMAN VALVE CONT'D

21 There is one fundamental issue that we need to
22 address before we get into the regular agenda,
23 and that's an issue that relates to our voting
24 procedures. One -- one of the procedures that
25 the Board had put in place very early was what

1 to do about votes for members who are absent
2 when we have substantive issues, such as an
3 SEC. We did have two members absent yesterday,
4 one of whom was available by phone and was able
5 to vote, one of whom was not available. And so
6 we want to have the -- the Board's own rule on
7 voting read, and Dr. Melius has been able to
8 dig that out, so Jim if you'll read that to the
9 Board and then we can dec-- determine how to
10 proceed. And basically the issue -- the reason
11 this will be-- becomes important is because we
12 had a vote which was a very close one
13 yesterday, it was a six to five vote, and
14 there's one additional member who did not vote.
15 And since it was a major issue, not a vote on
16 something like whether to take a coffee break,
17 the -- this procedure clearly comes into
18 effect. So Jim, if you will read that for the
19 Board and then we can determine how to proceed.

20 **DR. MELIUS:** Yeah, for future reference for
21 everybody, these -- these procedures were
22 adopted by the Board in January, 2002 and they
23 are on our web site under the ad-- on the
24 Advisory Board page, I think -- towards the
25 bottom there's a link to -- to a -- a short

1 document and that cover -- covers three issues,
2 one of which is definition of a quorum, second
3 of which is -- deals with the voting issue and
4 I'll go into that in detail, and the other one
5 has to do with subcommittees and -- and working
6 groups, but -- and I'll read the full one that
7 deals with voting.

8 The Board shall issue formal recommendations on
9 specific matters to HHS/NIOSH only after a
10 majority opinion has been reached through
11 voting by elig-- eligible members. Eligible
12 members are defined as those whom (a) have not
13 been required to recuse themselves from
14 participating in discussions regarding the
15 issue at hand; (b) those who have not abstained
16 from a specific vote; or (c) those who may not
17 be available to participate in the given vote.
18 All reasonable effort shall be made by
19 NIOSH/OCAS to obtain the vote, parentheses, or
20 notification of recusal or abs-- abstention
21 from a vote, close parentheses, from any member
22 that may not be able to -- to either be
23 telephonically or physically present for that
24 vote.

25 So I -- I would understand that to mean that in

1 -- in this particular case that -- as I
2 understand, Brad Clawson is not -- does -- not
3 required to recuse himself on this vote and has
4 not -- I think he has to be sort of polled as
5 to whether he -- I mean he may decide to
6 abstain, but -- that's his prerogative, or --
7 or we have to obtain his vote.

8 **DR. ZIEMER:** Right.

9 **DR. MELIUS:** And my understanding is that
10 Brad's in a -- had a conflict with a training
11 course --

12 **DR. ZIEMER:** Right.

13 **DR. MELIUS:** -- at the present time.

14 **DR. ZIEMER:** Yeah. The Chair agrees that this
15 particular rule for the Board is in effect and
16 that therefore it is incumbent upon us to -- to
17 attempt to obtain the vote of Brad Clawson.
18 The net result of that would be that until we
19 get that vote, the action that we took on
20 Chapman is in limbo, if that's a word I want to
21 use.

22 **DR. WADE:** That's a good term, limbo.

23 **DR. ZIEMER:** It's -- it's not -- it's not
24 completely closed. There -- there are two
25 possibilities. If Brad votes for the motion,

1 then the action would stand. If Brad voted
2 against the motion, we would have essentially a
3 deadlock. It would be a six-six tie. That
4 would mean, as -- as I would understand it, it
5 would mean that we would not have a
6 recommendation to make to the Secretary at this
7 time because we -- it would not have reached
8 closure one way or the other. It would
9 essentially have the effect of keeping that
10 action possibly open until we could break the
11 tie in one way or another, whatever it would
12 take -- either a revote or additional
13 information or something.

14 In fact now I'm going to ask Lew Wade again if
15 he has any insight in terms of -- as far as
16 recommendations to the Secretary. I don't
17 think a tie vote gives us an option, unless we
18 simply reported it.

19 **DR. WADE:** I agree. I mean I agree completely.
20 I think if Brad was to vote to make it six-six,
21 I think the Board would then at its next
22 meeting have to take up this issue as it might
23 choose to. It could be that the Board would
24 be, you know, deadlocked on the issue and --
25 and in that case might want to write a letter

1 to the Secretary designating that. At this
2 point I think that's premature, though.
3 I would like to talk to the Board very briefly
4 about securing Brad's vote. Paul and I have
5 had an opportunity to do this several times
6 when members have left a discussion partway
7 through. I would propose that what we do is we
8 get the transcript of the discussion, we
9 provide the transcript to Brad to read. Paul
10 and I have a discussion with Brad during which
11 we attempt to solicit his action. Again, we
12 can do it other ways, but I would off-- offer
13 that as a starting point for a procedure
14 forward.

15 **DR. ZIEMER:** And actually we did something
16 similar to that on an earlier case. I --

17 **DR. WADE:** We did.

18 **DR. ZIEMER:** I'd have to go back and check it,
19 but we did provide transcripts and then solicit
20 a vote. I think it was in the case of Henry
21 Anderson, who had been there for part of the
22 meeting but not all and -- and --

23 **DR. WADE:** Right.

24 **DR. ZIEMER:** -- and I don't even recall what
25 vote it was, but -- Jim and then Wanda.

1 **DR. MELIUS:** Yeah, can -- can I suggest a -- a
2 little bit more flexible procedure? 'Cause I -
3 - I think there may be times when a member has
4 been present for a considerable part of the
5 discussions and then may leave for, you know,
6 travel arrangements --

7 **DR. ZIEMER:** Yeah.

8 **DR. MELIUS:** -- or whatever --

9 **DR. ZIEMER:** (Unintelligible) catch them on the
10 way to the airport.

11 **DR. MELIUS:** -- in which case waiting for the
12 transcript or whatever and -- and I think maybe
13 what we should do is inquire initially do --
14 you know, what information do they think would
15 be necessary to them for, you know, reaching a
16 decision on -- on a thing and -- and then --
17 and it may very well be the transcript. I
18 didn't want to say that that wouldn't be
19 required. I think that -- that can certainly
20 be helpful, but in some cases they may have
21 been familiar -- and then there are other cases
22 where -- I mean, again, person may not feel
23 they -- they were -- had enough information or
24 were involved enough in the discussion and so
25 forth to be able to --

1 **DR. WADE:** Entirely possible.

2 **DR. MELIUS:** -- to -- to -- to reach a vote. I
3 just -- so I -- I think we need to provide some
4 flexibility there, common sense.

5 **DR. WADE:** So -- so the first step then would
6 be a telephone discussion between Brad, Paul
7 and I --

8 **DR. MELIUS:** Uh-huh.

9 **DR. WADE:** -- defining the situation and asking
10 Brad's guidance as to what he would like --

11 **DR. MELIUS:** Yeah.

12 **DR. WADE:** -- prior to a possible second
13 telephone discussion where he would tell us his
14 wishes.

15 **DR. MELIUS:** Correct.

16 **DR. WADE:** That's fine. I would like on the
17 record to say that before the Rocky Flats
18 deliberations I discussed with the Board their
19 sense of whether or not they would like people
20 voting who were not part of the full
21 discussion. And that was not a vote taken and
22 I had the sense of the Board then in a certain
23 way and now I have a clear sense of the Board
24 and we'll -- we'll proceed this way and that's
25 fine.

1 **DR. ZIEMER:** Wanda.

2 **MS. MUNN:** If memory serves, we have had
3 several votes in historic time that might have
4 been affected by this particular circumstance.
5 I can recall Roy DeHart having been out of the
6 country and attempting to make communication
7 and being unable to do so, and it seems to me
8 that we had a vote at that time. I can't
9 remember what it was.

10 I also seem to remember Mr. Owens having been
11 absent on a couple of occasions when we had a
12 substantial vote, and once Dr. Andrade was
13 gone, I believe. I -- I am not certain, but --
14 but my concern here is are we going to cause
15 this to be made retroactively, and whether we
16 are or are not -- even if we begin at this
17 particular meeting to enforce this -- this
18 policy that we established for ourselves, I'm
19 assuming that Dr. Lockey will be granted the
20 same status with respect to what transpires
21 here today.

22 I guess my bottom line question is, who's going
23 -- is this beginning today, or are we going to
24 cause this to be retroactive? If we were going
25 to cause it to be retroactive, who has the

1 responsibility of researching where we were at
2 various times in our history when these votes
3 were taken, because we did not take votes in
4 the past from people who were not there. We
5 didn't seek them out.

6 **DR. ZIEMER:** Well, actually we have in several
7 instances. And normally it's been cases where
8 the vote was very close and -- and a vote one
9 way or the other could have swung the decision.
10 There've been a couple where it wouldn't have
11 mattered that -- that we -- we -- we may not
12 have been able to pursue or find the person
13 readily. I think one was when Dr. DeHart was
14 out of the country, but it was determined that
15 regardless of how he voted it would not have
16 changed the decision. So -- and we were having
17 trouble making contact.

18 But there have been several cases --
19 Mallinckrodt is one where we did actually hold
20 the vote open to get the absentee vote, so I
21 know that we have done it several times.

22 **DR. WADE:** And in Dr. DeHart's case, I
23 specifically had a discussion with him where he
24 communicated to me the fact that he couldn't
25 participate and did not wish to vote, so I

1 think we were consistent -- in my time we've
2 never been inconsistent with this procedure. I
3 don't know beyond my time.

4 **DR. ZIEMER:** John?

5 **DR. POSTON:** Well, I basically had the same
6 question that Ms. Munn had, is it going to be
7 retroactive, because I was not contacted when
8 we tabled the Chapman Valve report, even though
9 I happen to be the chair of the working group.
10 And subsequent votes and -- on the two meetings
11 in Denver, no one contacted me to see if I
12 parti-- wanted to vote. I tried to participate
13 as much as I could by telephone, but I was
14 never contacted. So I know rules is rules,
15 but when are we going to -- how far back are we
16 going to go and how fair are we going to be to
17 the people that weren't contacted?

18 **DR. ZIEMER:** Okay.

19 **DR. WADE:** I can speak to each of those if
20 you'd like.

21 **DR. ZIEMER:** Yeah, go ahead.

22 **DR. WADE:** You know, I think, as Dr. Melius
23 read it, a motion to table would not trigger us
24 trying to poll members who weren't present.
25 It's only a vote where a recommendation is

1 going to be made to the Secretary.

2 Prior to the Rocky Flats vote --

3 **DR. POSTON:** Is that what it says?

4 **DR. WADE:** -- I did ha--

5 **DR. POSTON:** Excuse me, is that --

6 **DR. MELIUS:** Yes.

7 **DR. POSTON:** -- what it says?

8 **DR. MELIUS:** It says Board shall issue formal
9 recommendations on specific matters --

10 **DR. POSTON:** Formal recommendations.

11 **DR. ZIEMER:** Yeah, yeah.

12 **DR. MELIUS:** -- to HHS -- so -- so it's only,
13 you know, the bi-- the bigger votes and if I
14 may, I mean -- and I think that, as Paul has
15 said, whenever we have not followed the
16 procedure that it's been where the vote would
17 not have -- would not have mattered in -- in
18 terms of what the rec-- recommendation is. It
19 may be that we should try to do a better job
20 going forward of polling people, though you
21 know, frankly, if -- you know, I was told that,
22 you know, the vote was eight to one and I
23 wasn't present or whatever, I mean I don't
24 think I'd want to hold up a -- you know, the
25 action pending my, you know, reading the

1 transcript. I might tell Paul I just -- I
2 would abstain in that instance. I mean it's a
3 personal decision. Or I may say that no, I
4 think I'm comfortable with what they did and
5 I'd add my -- please add my vote to -- to the
6 recommendation, I -- and I think we need to do
7 a -- a better job of probably following through
8 on that. But -- but it's only on -- on -- is -
9 - was limited specifically to sort of the more
10 formal votes that we take.

11 **DR. POSTON:** Has anybody looked at the record
12 for the two meetings that were held in Denver
13 to see if this was the case?

14 **DR. WADE:** Now on Rocky Flats I did have a
15 discussion on the record. I'll have to -- I
16 have to produce the record for you, and I asked
17 the sense of the Board, if they wanted to have
18 us try and get votes for people who did not
19 participate fully in the discussion, and my
20 sense was no and I proceeded according to that.

21 **DR. MELIUS:** Yeah, and -- and the votes on
22 Rocky were -- it was the majority of all the
23 Board members that were eligible who were
24 voting whatever way. I mean it -- for example,
25 I don't think your vote would have -- would

1 have -- not have changed the outcome, I guess.

2 **DR. WADE:** That's correct, in my opinion, as --

3 **DR. MELIUS:** Yeah, yeah, I agree, as I recall.

4 **DR. WADE:** I -- I agree we need to police this
5 better, but I don't know of any egregious
6 violations of it --

7 **DR. ZIEMER:** Well, and -- and actually -- and
8 Board members may indeed want their vote to be
9 on the record for --

10 **DR. MELIUS:** Yeah.

11 **DR. ZIEMER:** -- some of these, regardless of
12 the outcome.

13 **DR. POSTON:** Yeah, I agree, but --

14 **DR. ZIEMER:** I -- I think it is important that
15 -- that we follow that procedure and -- and
16 make sure that Board members do have that
17 opportunity on -- particularly on
18 recommendations to the Secretary so that their
19 vote is at least on the record.

20 **DR. MELIUS:** Uh-huh.

21 **DR. ZIEMER:** Wanda.

22 **MS. MUNN:** And it would be very helpful if that
23 effort, and the result of it, were made obvious
24 to the other Board members. For example, I had
25 no knowledge of previous communications with

1 respect to votes among people who were not
2 here, so --

3 **DR. WADE:** Okay, I take that as a task. Thank
4 you.

5 **DR. ZIEMER:** And in fact on the Rocky Flats
6 things, we could go back -- I think it's been
7 recent -- fairly recent and I -- John, you
8 missed that meeting, and who else was missing?

9 **DR. WADE:** I think -- possibly Dr. Lockey, I
10 don't recall.

11 **MS. BEACH:** Mike was on the phone.

12 **DR. ZIEMER:** Mike was on the phone and voted.

13 **MR. GRIFFON:** Lockey was on the phone.

14 **DR. ZIEMER:** Yeah, I think -- I think --

15 **DR. WADE:** Might have been only John.

16 **DR. POSTON:** I was on the phone part of the
17 time --

18 **DR. ZIEMER:** Yeah, but you weren't there for
19 the vote.

20 **DR. POSTON:** Well, the -- you know, I was told
21 that the vote was going to be at a certain
22 time, and I got on the telephone and it did not
23 occur.

24 **DR. ZIEMER:** Right.

25 **DR. WADE:** We can -- we can record your vote if

1 you -- we can discuss it with --

2 **DR. POSTON:** I was on travel and I --

3 **DR. ZIEMER:** Right. Right.

4 **DR. POSTON:** -- took special -- I excused
5 myself from the meeting --

6 **DR. ZIEMER:** Right.

7 **DR. POSTON:** -- and went to be on the phone and
8 then the vote didn't occur.

9 **DR. ZIEMER:** Yeah. Well, I -- I think in --

10 **DR. POSTON:** And I was never contacted.

11 **DR. ZIEMER:** -- in fairness, we -- we should
12 take care of that loose end, as well, and that
13 should be done.

14 Is there any objection then -- to follow up on
15 this, this doesn't require formal action, the
16 policy exists -- to implement it that Lew and I
17 would attempt to contact Brad Clawson, provide
18 him with whatever information he needs to
19 inform himself on the issues -- he was here
20 previously for the discussion I think on
21 Chapman, but there's been -- was additional
22 information this time. We can provide him with
23 transcripts if he so desires, and then record
24 his vote. And depending on that vote, then we
25 would proceed. Is there any -- any further

1 discussion on that?

2 (No responses)

3 Okay, thank you. Well, let me -- let me add
4 one other thing, and I think -- I think we will
5 still have to have at the ready the -- the
6 proposed motion, depending on his vote, so that
7 if he votes for that that it would be ready to
8 forward. So when -- when we come to the work
9 time, we will still consider the wording of
10 that motion, so -- and -- and Dr. Poston has
11 that.

12 **SC&A CONTRACT TASKS FOR FY08**

13 Okay, now we're going to proceed with
14 consideration of the SC&A contract. Let me
15 confirm that David Staudt is still on the line.

16 **MR. STAUDT:** I am, Dr. Ziemer.

17 **DR. ZIEMER:** David's our contracting officer.
18 And Lew, if you would kick this off, then we'll
19 get SC&A to participate as needed and --

20 **DR. WADE:** I've given you --

21 **DR. ZIEMER:** -- the documents have been
22 distributed?

23 **DR. WADE:** Well, yes, I put at your place a
24 copy of an e-mail that I sent you a week ago
25 just sort of summarizing the situation. And

1 let me just paint a broad picture of it. We're
2 now going to go into another fiscal year with
3 SC&A and we need to decide what contract tasks
4 to have in place for that fiscal year. I go
5 into the fiscal year with the expectation that
6 \$3.5 million is available to fund the SC&A
7 contract. As I've always told you, that can
8 change. If it does change, I'll let you know.
9 With your instruction, David and I solicited
10 proposals from SC&A for the normal tasks. And
11 we've received their proposals, they've been
12 shared with you. SC&A also provided a summary
13 document. And then I sent you this e-mail just
14 trying to lay out the issue that's in front of
15 us. And if you'll bear with me, very quickly,
16 on Task I -- which is the site profile reviews
17 -- we asked for a proposal for six reviews.
18 That's what we have been doing in terms of site
19 profile reviews, and we have a proposal from
20 SC&A for \$1,316,000.

21 With regard to Task III, that's procedures
22 reviews, we asked for and received a proposal
23 for 30 procedures reviews and one PER review.
24 Remember, PER is the new beast that is a
25 situation where NIOSH goes back and re-

1 evaluates cases based upon changes that have
2 been made in the science foundation, and we
3 asked SC&A for one review -- the cost of one
4 PER review, and that cost was \$39,000.

5 Task IV, which is the D-- dose reconstruction
6 reviews, we asked for 60 and two blind reviews,
7 and we received a proposal from SC&A of
8 \$729,000.

9 Task V, which is the SEC support, we asked for
10 three focused and three broad, and I have a
11 proposal at a cost of \$1,038,000.

12 And then the project management task, which is
13 outlined in detail for you in your package, at
14 a cost of two nine five.

15 If you add those together you come to a
16 proposal total of \$3,685,000. That's \$185K
17 over the amount that I believe we have
18 available.

19 So what I'd like to do is have a discussion
20 with you as to what specifically we should task
21 SC&A with going into next fiscal year, and this
22 is really the meeting we need to do that in
23 order to -- to meet the procurement guidelines
24 that David works against.

25 In my note I -- I offered you several thoughts.

1 One is that John and I agree that there's not
2 likely to be 30 procedures to be reviewed, and
3 we can talk about that.

4 A site profile, by my arithmetic, costs us
5 about \$132,000. There are not a lot of site
6 profile -- there are site profiles to be
7 reviewed. We've done the major site profiles.
8 We have a backlog of review of site profiles.
9 It could be that common sense would be to -- to
10 back off on that task some.

11 To add to this calculus, yesterday you talked
12 about asking SC&A to undertake a procedures
13 review that would be grander than the typical
14 procedures review, focusing on the use of data
15 from other sites. It could well be, if that
16 proposal is brought to SC&A, that could consume
17 more resource than the typical 1/30th of their
18 proposal on Task III.

19 So we have a little bit of thinking to do in
20 terms of how to proceed. I guess I'm
21 suggesting that we do a little bit of
22 prioritizing in terms of what we move forward.
23 You might want to do that. You might want to
24 do something else. And so I think that sets
25 the stage.

1 The only other piece I guess -- and Mark is not
2 with us at the moment -- is the results of the
3 subcommittee deliberation in terms of what they
4 would like to see done in terms of advanced
5 reviews, basic reviews and blind reviews.
6 So just to remind you of the status and then
7 take your guidance as we move forward.

8 **DR. ZIEMER:** Yeah. Well, actually on that last
9 item, this -- the Board approved on Tuesday the
10 -- the two blind review part of that. That was
11 the recommendation, so that's in there, two --
12 but that is to start on this year's budget --

13 **MS. MUNN:** Yes.

14 **DR. ZIEMER:** -- and we understand that may not
15 be completed on this year's budget, so I think
16 -- and I'm not sure how that works cost-wise.
17 Do you carry the cost forward on that? Is that
18 fully covered by this year's budget?

19 **DR. MAURO:** Yes, it is.

20 **DR. ZIEMER:** Okay. So -- so the question then
21 will come back for next year's budget, do --
22 and we probably are going to want to think
23 about at least identifying money for additional
24 ones. It's going to depend on the outcome of
25 those initial blind reviews, but certainly we

1 want to think about setting aside money there.

2 **DR. WADE:** Okay.

3 **DR. ZIEMER:** Okay, good. Well, perhaps we
4 should -- well, let me ask -- David Staudt, do
5 you have any additional comments here at the
6 beginning?

7 **MR. STAUDT:** No, I think that covers it.

8 **DR. ZIEMER:** Okay, thank you. Perhaps we
9 should go through these a task at a time then,
10 Lew. I think let's start with Task I. Task
11 I's the site profile review.

12 **DR. WADE:** Yeah, we're going to have John come
13 to the microphone.

14 **DR. ZIEMER:** And then -- and also, Board
15 members, you should have received -- I think
16 all the Board members received copies of the
17 SC&A proposals which were sent to David Staudt.

18 **DR. MAURO:** Yes.

19 **DR. ZIEMER:** Did we all receive that?

20 **DR. MAURO:** Yes.

21 **DR. ZIEMER:** So that -- that proposal outlined
22 what SC&A is suggesting for the fiscal year.
23 So do you want to give us a summary there,
24 John?

25 **DR. MAURO:** Well, on Task I, that's six site

1 profile reviews in accordance with the same
2 procedures and outlines that have been approved
3 in the past, and the budget is -- the cost per
4 is based on previous experience and is
5 basically a duplicate to what we did --
6 proposed last year, with some modest escalation
7 in cost per work hour. So really there --
8 Task I is virtually identical in terms of the
9 scope, approach and budget that we put forth
10 last fiscal year. And the question of course
11 becomes how many of those need to be done.
12 Bear in mind, by the way, something that needs
13 to be understood is that the other -- the -- we
14 have to date performed or almost completely
15 completed the performance of 21 site profile
16 reviews up through fiscal year 2007. Many of
17 them have been closed. We finished -- closed
18 out the closeout process, but many of them have
19 not. So bear in mind that we still have work
20 to do on fiscal year -- but that should not
21 affect this. I have budget that I've set aside
22 --

23 **DR. ZIEMER:** Yeah, the clo-- the closeouts on
24 the earlier ones are handled through the
25 previous budgetary --

1 **DR. MAURO:** Through the pre-- even though they
2 will carry over, without a doubt, into next
3 fiscal year, and I track that separately, so --

4 **DR. ZIEMER:** Okay.

5 **DR. MAURO:** It's important to just separate the
6 two. This is new work that would have its own
7 budget. It'd be tracked independently but
8 there -- and there, but there is resources
9 available that I've set aside that --
10 specifically to support the closeout process
11 for fiscal year 2007 work, so it's important to
12 keep that in mind.

13 **DR. ZIEMER:** We still have quite a few site
14 profiles where we have not done closure as far
15 as going through the issue resolution matrix.
16 I don't know off the top of my head how many --

17 **DR. MAURO:** I could --

18 **DR. ZIEMER:** -- but --

19 **DR. MAURO:** If you need that, I have the
20 information.

21 **DR. ZIEMER:** -- but I simply tell the Board
22 that because, aside from the budgetary issue,
23 we have a -- a time issue as far as the Board's
24 time and contractor's time in terms of getting
25 those jobs done. And I think, Lew, you were

1 suggesting that in a sense we're a little
2 behind the curve on those and -- and if we --
3 if we do need to divert some funds for some of
4 these other activities, maybe going from six to
5 five might be a possibility. You're talking
6 about, on average, about \$200 -- well, maybe
7 more like \$300K per site profile? A little
8 below that, \$250?

9 **DR. MAURO:** Well, I -- I think just take --
10 take -- take the dollar value for the six,
11 divide by six --

12 **DR. ZIEMER:** Okay, \$1,300 divide by six, so
13 about \$200K, so -- and that would be enough to
14 cover that --

15 **DR. WADE:** Right.

16 **DR. ZIEMER:** -- that differential that you
17 referred to before. Let's open it for
18 discussion. Comments, pro or con? The
19 starting spot here is to approve this for six
20 site profiles. I guess we need to get some
21 feedback as to whether or not you want to keep
22 it at that level or to -- one of the
23 possibilities is to do five and -- and set
24 aside money for the other activities. This can
25 always be changed, even mid-year. I mean this

1 is just a -- a planning document. Dr. Melius.

2 **DR. MELIUS:** I -- I guess my -- my question
3 would be -- it's hard to separate Task I from
4 Task V, which is the SEC support. And as we
5 found with Rocky and the-- these kinds of
6 reviews can be quite time-consuming and quite
7 expensive. And we have some -- some
8 potentially large SEC reviews coming up,
9 Hanford I think being -- being one. I -- I --

10 **DR. ZIEMER:** Savannah River.

11 **DR. MELIUS:** Nevada Test Site, Savannah River
12 possibly, I mean -- so I mean there's some
13 issues that -- there and I guess I -- they're
14 hard to predict, but I -- I wonder if we're
15 being realistic on Task V, and I guess I'd like
16 to hear a little bit from John on how he made
17 that estimate and -- and so forth, I -- again,
18 probably can't predict it with much certainty,
19 giv-- and as long as we have the flexibility to
20 go back and forth but -- be helpful I think if
21 we can start out with a realistic number in
22 there, if possible.

23 **DR. MAURO:** Perhaps I could help you out.

24 **DR. MELIUS:** Yeah.

25 **DR. MAURO:** I've been tracking very closely --

1 we have a separate charge number for every
2 separate Task V activity that we're involved
3 in, and the -- it turns out that when I
4 budgeted -- originally budgeted Task V work, I
5 set aside 1,000 work hours for each SEC
6 petition review. The actuals that are coming
7 in range from about 500 to 6,000. The 6,000,
8 as you know, is the Rocky Flats. So when I
9 look at the big picture, the -- the -- the
10 1,000 work hours per SEC seems to be
11 reasonable, tractable, when you look at it in
12 the aggregate. If we have several of them,
13 they're going to end up coming in, on average,
14 at that level -- except for the -- what I would
15 call the un-- the circumstance that may arise
16 when we -- it's very hard to predict -- that
17 there would be another extended review such as
18 Rocky Flats. When that starts to emerge, I
19 would do the same thing as I did the last year,
20 try to keep the Board apprised that we're
21 moving into territory where the cost of a given
22 SE-- SEC petition review is going to impact our
23 ability to do additional -- and that is in fact
24 what occurred last year. There are in fact
25 three -- we have on the -- within our scope

1 three additional, as yet to be identified, SEC
2 petition reviews that are part of the scope of
3 Task V which we will not be able to do because
4 we used those resources on the Rocky Flats. So
5 yes --

6 **DR. ZIEMER:** For -- for this year.

7 **DR. MAURO:** For this year, that's what I -- not
8 next year. So what I've done here in my cost
9 proposal for next year is I basically assumed
10 that we're not going to have something on that
11 order occurring. I'm assuming that they are
12 going to average out at around 1,000 work hours
13 per SEC petition review. And the vulnerability
14 that you just had mentioned is very real.

15 **DR. MELIUS:** Uh-huh. Yeah, I mean -- I don't
16 know -- well, I guess -- I was thinking of
17 asking Larry and look in his crystal ball and
18 guess how many SECs there'll be next year, but
19 that's -- I'm not sure that's going to be
20 possible to do. But I guess that would -- I
21 would tend to go along with Paul's suggestion
22 on the site profile and, you know, let's move
23 some resources over to the SEC up front 'cause
24 I also think the -- you know, the timing issues
25 are important on the SECs and I'd almost rather

1 see -- make sure we have -- can move along on
2 tho-- those rapidly. I -- I mean it's probably
3 arbitrary and I don't know -- you know, don't
4 feel strongly about it, but -- but I do think
5 that -- that we need to get prepared and be
6 able to say we're ready to handle some of these
7 other large sites 'cause they -- I can --
8 looking forward at these, I can see where they
9 can take a lot of thumb and effort.

10 **DR. ZIEMER:** Thank you, other comments? Lew?

11 **DR. WADE:** Well, it would seem to me a common
12 sense approach, given the numbers, might be to
13 reduce Task I to four and to take the
14 additional monies that are freed up, less the -
15 - the overage, and move it into Task V.
16 Now again, once this happens and the year's
17 ongoing, we can move money around. It's just a
18 matter of agreeing to a reasonable starting
19 point and I think that's certainly a reasonable
20 starting point.

21 **DR. ZIEMER:** You're suggesting going from six
22 to four rather than six to five?

23 **DR. WADE:** Right, and then I would take the
24 money freed up there -- there's some of it we
25 don't have because we -- we're over the \$3.5,

1 and move the rest into a reasonable addition to
2 propo-- to Task V support.

3 **DR. ZIEMER:** If we were to do that for planning
4 purposes, John, we would simply take two-thirds
5 of the numbers on our sheet here -- it's going
6 to be -- you're doing it on a per unit cost
7 right now.

8 **DR. MAURO:** Per -- exactly, right. It's
9 straightforward. The only aspect is this --
10 the fact that we came in at a little over the
11 \$3.5. We'd have to sort of subtract that out
12 first, and that would be the resources
13 available --

14 **DR. ZIEMER:** Yeah, I understood --

15 **DR. MAURO:** -- and those resources would then
16 be moved into Task V.

17 **DR. WADE:** I think that's an excellent path
18 forward.

19 **DR. ZIEMER:** Other comments on this? I want to
20 make sure we get consensus. The proposal would
21 be to -- to cut back on the budget for the --
22 for Task I, basically cutting it by a third,
23 and moving those resources to the other area.
24 Wanda.

25 **MS. MUNN:** I agree Dr. Wade has a very common

1 sense, logical approach. I'm a little
2 concerned as to what that's ultimately going to
3 do to us this time next year with respect to
4 outstanding site profiles, but we don't have
5 the same latitude with the --

6 **DR. ZIEMER:** Well, I think we heard John say
7 that doesn't affect -- by outstanding, are you
8 talking about ones that they've done that we've
9 not --

10 **MS. MUNN:** No, no --

11 **DR. ZIEMER:** Oh, you're talking about ones that
12 --

13 **MS. MUNN:** -- ones that they didn't --

14 **DR. ZIEMER:** -- have not been started --

15 **MS. MUNN:** -- quite get done.

16 **DR. ZIEMER:** Oh.

17 **MS. MUNN:** Yeah. Yeah, and that's -- I -- I --
18 we get back to this issue of priorities again.
19 It's -- it's all -- the priorities are all on
20 the same level, we just have more of a time
21 crunch with SEC (unintelligible) --

22 **DR. ZIEMER:** Now -- now keep in mind if we
23 completed four site profiles and suddenly said
24 you know, we need another one done, this Board
25 at any time can --

1 budget that is two-thirds of the number shown
2 here? Any objection?

3 **MR. PRESLEY:** No problem.

4 **MS. MUNN:** None here.

5 **DR. ZIEMER:** Okay, let's go on to Task II,
6 that's procedural reviews. John?

7 **DR. MAURO:** Yeah -- well, that's Task III.

8 **DR. WADE:** There is no Task II.

9 **DR. ZIEMER:** I'm sorry, Task II is not in
10 existence anymore -- Task III.

11 **DR. MAURO:** Yes, as requested by the Board, we
12 -- we've -- we priced out 30 procedure reviews
13 and one PER as a unit cost so that you could
14 get an idea of what we believe would be the
15 cost per PER, and then a judgment could be made
16 how many of those you may want. In our
17 proposal we listed all the PERs that are
18 active. Some of them were complex -- when I
19 say complex, meaning that these were PERs where
20 a large number of cases were redone because of
21 the PER. The -- I guess the one that I would
22 consi-- we identify that might be as a good
23 example of one, there were a lot of cases
24 redone, was -- I think it was thoracic
25 lymphoma. That is, when that PER came out

1 there was a -- there -- a new strategy was used
2 to reconstruct doses to thoracic lymph nodes in
3 light of that change, and many cases were
4 redone. So in effect, what we priced out would
5 be reviewing a PER that had accompanying with
6 it many cases that were needed to be reviewed
7 and -- so part of our price is not only
8 reviewing the PER, but also reviewing the cases
9 that were redone. So it's -- so it's a little
10 bit more expensive than you would say a typical
11 procedure review.

12 **DR. ZIEMER:** Now I'd like to ask you, or
13 perhaps Lew -- and perhaps David Staudt, also -
14 - with respect to the new review that we talked
15 about, would that -- currently we have a number
16 of subtasks under Task III. We -- we have five
17 subtasks. Right?

18 **DR. WADE:** Correct.

19 **DR. ZIEMER:** Or that's just for the -- that's
20 just for the PERs, your subtasks that are in
21 your proposal. I'm -- I'm looking at the
22 proposal for --

23 **DR. MAURO:** Oh, tha-- oh, the elements that
24 make up the process, and I guess you have in
25 front of you --

1 **DR. ZIEMER:** No, I'm -- I'm sorry, the -- what
2 -- what you're identifying as subtasks -- let
3 me look at it here. I'm -- I'm really -- what
4 I'm getting at is -- is -- is this a new
5 subtask and --

6 **DR. WADE:** I don't think --

7 **DR. ZIEMER:** -- how do we handle it budgetari--
8 not a task, but a subtask.

9 **DR. WADE:** Yeah, I think -- I think at this
10 point -- and again, we don't -- I don't know
11 what the Board's motion will be. I'm assuming
12 this will be a procedure to be reviewed, but it
13 will be quite large relative to the typical
14 procedure. I think there's flexibility in this
15 task because I'm not sure that the Board is
16 going to task SC&A with 30 -- so I think
17 there's some flexibility here. I think if you
18 approve the task as funded, I think we have the
19 ability to reasonably assume we could undertake
20 what you ask us to do. But again, we'll see
21 how the year plays out.

22 **DR. MAURO:** The -- I think perhaps the subst--
23 this is the approach we would use; that is, the
24 elements that would make up the work, as
25 opposed to -- if we call them subtasks, perhaps

1 that's not the -- the correct nomenclature.
2 This is the -- when we perform the work, these
3 -- this is the scope of what we consider needs
4 to be done in order to perform that work.
5 Now of course this -- that's subject to
6 discussion whether or not you concur that that
7 -- those steps -- I think there were five steps
8 involved in a PER that we -- we believe are the
9 steps that need to be done to perform a PER
10 review.

11 **DR. ZIEMER:** Yeah. Yeah, actually what you
12 call in your proposal subtasks are -- are under
13 the PER only --

14 **DR. MAURO:** Under the PER only, yes. Yes,
15 understand, and it's only --

16 **DR. ZIEMER:** I thought at first they were --
17 you were identifying subtasks under the main
18 task, but it's under the PER, so that's --
19 that's fine. Really what I'm asking then is
20 can -- do we just need to modify this so --
21 rather than a rollup for 30 procedures and one
22 PER, we would change that a little bit and add
23 this new --

24 **DR. WADE:** I don't know that you need to do
25 that. You can if you wish. I don't know how

1 big the new one will be until you discuss it.
2 I have the flexibility contractually to cover
3 it within this --

4 **DR. ZIEMER:** Okay.

5 **DR. WADE:** -- proposal as you -- as you see it.

6 **DR. ZIEMER:** So are you saying we can leave
7 this descriptively the way it is --

8 **DR. WADE:** Correct.

9 **DR. ZIEMER:** -- and if necessary, the
10 description could be changed and still is part
11 of this --

12 **DR. WADE:** Correct.

13 **DR. ZIEMER:** -- task.

14 **DR. WADE:** Correct.

15 **DR. ZIEMER:** Okay. Thank you. Comments?

16 Okay, Wanda.

17 **MS. MUNN:** The contractor's been doing a very
18 good job I think of keeping up with procedure
19 reviews. We've -- we've -- they've really
20 been, from our perspective on the workgroup,
21 outstanding. I'm certainly confident that,
22 unless we encounter some extreme situation,
23 they're capable of performing this particular
24 set of procedure reviews -- we don't know about
25 the PER yet, but certainly the procedure

1 reviews, I would anticipate this to be a good
2 expectation.

3 **DR. ZIEMER:** Okay. Any other comments on this
4 task?

5 (No responses)

6 I take it then there's no objection to
7 proceeding with this task at the level
8 indicated here, with the understanding that --
9 that modifications can be made within the task
10 to accom-- to accommodate the new review
11 process that we're talking about.

12 Okay, let's go on to Task IV, which are the
13 dose reconstruction reviews. John?

14 **DR. MAURO:** Yes. This again is fairly
15 straightforward. This is the standard of 60
16 DRs, dose reconstruction, reviews which can be
17 -- and we've wri-- done this in a way to allow
18 for whether they're advanced or basic, and --
19 and how that unfolds, so that has no bearing on
20 the cost. That is, we are prepared to take --
21 take on advanced and basic as -- as the mix may
22 realize itself. So we gave you the -- the
23 price for 60 what we call audits. We also gave
24 you, as you requested, a unit cost for an
25 additional I believe set of 20 separately so

1 that you could see what the unit costs are for
2 -- if you -- if you wanted to add more to start
3 to get more behind us. And plus I gave a price
4 for a single blind dose reconstruction, a unit
5 cost for -- as you folks requested, and I
6 described what that blind dose reconstruction
7 scope approach would be, which would be
8 virtually identical to the discussion we had
9 the other day regarding that two-pronged
10 approach, so -- so you have before you the cost
11 information for doing 60 DR reviews of --
12 whether they're basic or advanced, and also I
13 have provided the cost of a single -- really
14 it's a unit cost of a single blind dose
15 reconstruction. And so on that basis judgments
16 could be made regar-- and -- and it's all
17 scaleable, so if you decide you'd like more
18 than one blind dose reconstruction, it -- you
19 know, it would scale accordingly. Similarly
20 with the -- with the audits, it would scale
21 accordingly.

22 So now I realize then if you folks decide that
23 you would like more than one blind dose
24 reconstruction, we're starting to move into a
25 realm where we're going to exceed the \$3.5

1 million.

2 **DR. WADE:** I think, John, unless I'm incorrect,
3 I thought we had worked out with your budget
4 people that -- that the cost of seven ninety-
5 two is 60 DRs plus two blinds.

6 **DR. MAURO:** Oh, yeah, I have them broken out
7 separately.

8 **DR. WADE:** Right.

9 **DR. MAURO:** The -- yeah, you -- you could add
10 them together -- in the details of the cost
11 break-- I did separate them so you would have
12 an idea of what the unit cost is --

13 **DR. WADE:** Right.

14 **DR. MAURO:** -- for a blind, exactly.

15 **DR. WADE:** So you've got 60 plus two blinds in
16 front of --

17 **DR. MAURO:** That -- that's correct, right.
18 That's correct.

19 **DR. WADE:** Right.

20 **DR. ZIEMER:** Let me ask Mark, do you have any
21 comments in terms of the level of effort here
22 on this particular task, since you're heading
23 that subcommittee?

24 **MR. GRIFFON:** I -- I -- I guess the only
25 comment -- and John alluded to this -- was that

1 we had talked about sort of scaling up and
2 getting, you know, to -- to get better progress
3 toward our target of that 2.5 percent -- little
4 bit of a moving target, but 2.5 percent of the
5 overall claims, so I don't know if we -- and we
6 are getting -- well, I should say SC&A is
7 getting much more efficient at doing these
8 reviews. I think the subcommittee is still
9 catching up, but -- but I think the whole
10 process is becoming more efficient, so I'm not
11 sure if it -- it -- and we have more cases in
12 the hopper, I believe, so I'm thinking it might
13 be a good time to -- to scale up our efforts to
14 maybe a -- maybe a hundred instead of 60, but I
15 think that's --

16 **DR. ZIEMER:** Well, let me also ask you in that
17 context, 'cause I know the subcommittee talked
18 about the advanced review issue and perhaps
19 some modifications on what you're calling
20 advanced review; how does that impact on this?

21 **MR. GRIFFON:** Yeah, I -- I -- I talked with
22 John, and John alluded to this, and I think --
23 you know, I'll defer to his judgment on this,
24 but I had him look at those scope items from
25 the -- the previ-- the original scope and --

1 and he said that there's enough flexibility in
2 the budget to absorb those -- those modif--
3 those additions to advanced ca-- you know,
4 reviews if we --

5 **DR. MAURO:** Correct.

6 **MR. GRIFFON:** -- chose to select certain ones
7 for -- for that kind of advanced, yeah.

8 **DR. MAURO:** When --

9 **MR. GRIFFON:** So I think John's okay with it
10 and --

11 **DR. MAURO:** Yes.

12 **MR. GRIFFON:** -- I'm okay with it, yeah.

13 **DR. MAURO:** Yes.

14 **DR. ZIEMER:** If we were to change this, for
15 example, to 80 or 100, then you're talking
16 about a substantial budgetary change on this
17 item. I guess I would ask whether we would be
18 more prudent to keep it at this level and look
19 at it perhaps mid-year and see whether -- in
20 terms of both resources and time, whether we
21 can accommodate more even. I mean we -- we
22 have a lot of backlog, not necessarily from --
23 their budget covers the resolution process from
24 I guess carry-forwards; is that how you're
25 doing it?

1 **DR. MAURO:** Ye-- yes, we're -- we're prepared
2 to -- to do (unintelligible) --

3 **DR. ZIEMER:** Board's time becomes somewhat of a
4 limiting factor on this in terms of when we --
5 we're up to eight times three -- 200 -- 200 --
6 let's see --

7 **MR. GRIFFON:** (Off microphone) (Unintelligible)

8 **DR. ZIEMER:** Well, we're up to -- yeah, eight -
9 - eight times 20, 160 cases, but we've only
10 reported to the Secretary on 30.

11 **DR. MAURO:** That's correct.

12 **DR. ZIEMER:** So we have a backlog we need to
13 address as a Board, so if we get too far -- get
14 ahead of the headlights, we're going to have
15 some problems I think, yeah.

16 **MR. GRIFFON:** That -- that's -- I guess the
17 other thing to consider would be just what kind
18 of cases are in the hopper -- you know, are
19 available for our review, and I know the last
20 couple of cycles when we asked for a list of
21 best estimate cases, we -- we -- we do -- that
22 narrows the pool --

23 **DR. ZIEMER:** Right.

24 **MR. GRIFFON:** -- quite extensively and that's
25 the ones of -- of greatest interest, so I --

1 you know, I -- I gue-- I -- I could hear both
2 sides of this argument, I -- I guess we could
3 re-evaluate mid-year and -- you know, I'm --
4 I'm okay with that I think.

5 **DR. WADE:** I think that's reasonable.

6 **MR. GRIFFON:** Yeah.

7 **DR. MAURO:** I have a suggestion, though. In
8 clearing the backlog of closing -- the closeout
9 process, we've been moving in increments of 20,
10 and I mentioned this once before, we -- if we
11 could move in increments of 30, that would sp--
12 see, it turns out moving a pulse of 30 through
13 the system takes almost as mount -- same amount
14 of time as moving a pulse of 20, and -- and we
15 could really start to clear the backlog of
16 closeout process a little more quickly that
17 way, so that might be helpful.

18 **DR. ZIEMER:** I think you can work that with the
19 subcommittee and --

20 **DR. MAURO:** Yeah.

21 **DR. ZIEMER:** -- and whatever they bring to us,
22 and I also suggested to the subcommittee that I
23 -- I would like to see them take a look at some
24 rollups. We -- we've done these smaller sets
25 and reported to the Secretary. But once we get

1 a -- a good number of cases, maybe at something
2 like 100, take the first five sets of 20 and --
3 and do an overall rollup of that and -- and
4 kind of see what patterns are there. That --
5 it's probably a little extra work for the
6 subcommittee. I'm not sure it affects -- it'll
7 affect you a little bit 'cause we'll need some
8 support from Kathy and so on, but I -- I think
9 we need to think about that, too, as -- as part
10 of what we have to get done in terms of taking
11 care of what we've already had.

12 **DR. MAURO:** That -- that will not affect our
13 budget. We are already geared up with the
14 spreadsheet databases and we keep that
15 populated as we build -- as we fill out those
16 tables, we're effectively building a database
17 so that when you folks pose questions to our
18 database, say listen, could you please roll up
19 in some sort, it's -- it's done very readily,
20 so we're ready to do that.

21 **DR. ZIEMER:** Okay. Wanda, did you have a
22 comment on this?

23 **MS. MUNN:** A couple of things. The concept of
24 a hundred reconstruction rollup is excellent,
25 from my perspective. And memory of what -- of

1 the issues that are outstanding do not show any
2 truly egregious pattern that I can recall.
3 Most of the early DRs that we looked at have
4 been identified as being, for the most part,
5 fairly minor issues that were outstanding
6 there, so hopefully we can do that.

7 For my own simplistic arithmetic, I have a
8 spreadsheet made out here of your various
9 proposals, trying to make sure I'm keeping
10 track. If we're talking about -- you -- what I
11 have on my sheet is only a single blind DR, so
12 we're talking about a cost factor -- instead of
13 sixty-five nine, we're talking about a cost
14 factor of a hundred and thirty-one eight for --
15 for what we're talking about doing next year.
16 Right, Mark? John, right?

17 **DR. MAURO:** I did lose track. We're talking
18 about 60 --

19 **MS. MUNN:** No, we're talking ab-- I was talking
20 about just the blind DR only --

21 **DR. MAURO:** Two.

22 **MS. MUNN:** -- you gave us the cost for one.

23 **DR. ZIEMER:** They're proposing two.

24 **DR. MAURO:** Two.

25 **MS. MUNN:** So we'd be doing a hundred and -- so

1 the cost would be --

2 **DR. MAURO:** Sixty plus two.

3 **MS. MUNN:** Right, \$131,000. Right?

4 **DR. MAURO:** Oh -- oh, the -- are you talking
5 price or --

6 **MS. MUNN:** Yeah, I'm not talking numbers.

7 **DR. MAURO:** Oh, I'm sorry, I'm looking at --
8 I'm looking at a different table.

9 **MS. MUNN:** I'm sorry, I'm not talking about
10 numbers --

11 **DR. MAURO:** Okay.

12 **MS. MUNN:** -- I'm talking about money.

13 **DR. MAURO:** Yes.

14 **MS. MUNN:** \$131,000.

15 **DR. MAURO:** I -- I'd have to check it. I
16 couldn't say off the top of my -- but you're
17 doing it the correct way.

18 **MS. MUNN:** Right.

19 **DR. MAURO:** It's straightforward.

20 **MS. MUNN:** All right. Thank you.

21 **DR. ZIEMER:** Okay. Any other comments or
22 questions?

23 (No responses)

24 Can we take it then that there is no objection
25 to the proposed budget for Task IV, which would

1 be \$792K, and it would, for now, remain at this
2 level of 60 plus two?

3 (No responses)

4 Okay, thank you.

5 Task V is the support for the SEC reviews.

6 **DR. MAURO:** Yes, we -- and as requested, we
7 costed out six -- three broad, three focused.
8 I'd like to point out that though you've made a
9 distinction between focused versus broad, our
10 experience is that is not a controlling factor
11 in the cost. The controlling factor in the
12 cost for an SEC review is more along the lines
13 of whether we're talking about a major facility
14 or an AWE. We're finding consistently that
15 we're able to perform an SEC review of AWEs at
16 half the price, on the order of 500 work hours,
17 while the cost of a full, larger complex site
18 certainly will be at the 1,000 work hours, and
19 there's always the risk that it could expand
20 into something substantially larger. But the
21 price we have given you right here are for six
22 SEC petition re-- support reviews, to support.
23 And -- and it sounds to me, though, that we
24 might be adding -- if I understand correctly --
25 some of the resources from Task I into that,

1 which would increase the number. Am I correct
2 in understanding that we would submit a revised
3 proposal to reflect the direction I'm receiving
4 right now? Okay.

5 **DR. ZIEMER:** Okay. Comments on this one?
6 Wanda. No?

7 **MS. MUNN:** I'm sorry, that was left over from
8 last time.

9 **DR. ZIEMER:** I'm looking at the -- at the --
10 the money moved from the site profile reviews -
11 - part of that goes to taking care of that
12 excess, which was what --

13 **DR. WADE:** A hundred and thirty-two.

14 **DR. ZIEMER:** -- a hundred and thirty-two.

15 **DR. WADE:** No, I'm sorry, I -- I -- a hundred
16 and eighty-five. If you do the numbers
17 quickly, roughly it's \$200K per site profile.
18 If we back off on two of them, that's \$400K;
19 \$185K goes to the hole. That leaves \$215-odd K
20 that will be added into the Task V proposal.
21 John, I would add it into the unit costs of --
22 of what you're doing as opposed to add another
23 review, although that's up to you. If you'd
24 rather add another review, that's fine, as
25 well.

1 **DR. MAURO:** I guess I'm not following -- right
2 -- right now the cost proposal raises a certain
3 -- I mean the -- a certain number of SEC and
4 here's the price.

5 **DR. WADE:** Right.

6 **DR. MAURO:** Now in effect, what I'm hearing is
7 well, there'll be a little bit more resources
8 available; how many more can you do with those
9 resources, so I --

10 **DR. WADE:** Or -- or the resources might go into
11 doing those six, with more hours associated
12 with them.

13 **DR. MAURO:** Ah, that -- yeah, that's -- we --
14 we could just put that in and make it -- I'm
15 seeing nods -- to protect ourselves from these
16 --

17 **DR. WADE:** Sure.

18 **DR. MAURO:** -- from the -- I understand.

19 **DR. WADE:** From the growing.

20 **DR. MAURO:** I understand. Okay.

21 **DR. ZIEMER:** We're talking about roughly \$250K?

22 **DR. WADE:** Yeah, \$220, I would say.

23 **DR. ZIEMER:** Well, it looks to me like -- like
24 we have \$438 left from when -- let me do the
25 arithmetic -- I think \$438 is what we are

1 moving out of Task I --

2 **DR. WADE:** Okay, so then you're right, \$250.

3 **DR. ZIEMER:** And minus the \$185 excess leaves
4 about two -- my numbers show \$253 --

5 **DR. WADE:** That's --

6 **DR. ZIEMER:** -- but roughly --

7 **DR. WADE:** Right.

8 **DR. ZIEMER:** Okay. So that would move into SEC
9 support, and what you would do is perhaps have
10 a more realistic number on the number of hours
11 that it's going to take to do that work. It's
12 perhaps skimmed a little bit here.

13 **DR. MAURO:** I -- I understand.

14 **DR. ZIEMER:** Is that agreeable? Any concerns
15 or comments on that?

16 **MS. MUNN:** Sounds pretty good.

17 **DR. ZIEMER:** So the SEC support item would go
18 up -- I think by \$253 or whatever that works
19 out to be exactly.

20 **DR. MAURO:** Uh-huh.

21 **DR. ZIEMER:** Okay. Appears to be no
22 objections.

23 Task VI is simply project management. That's
24 the -- the overall tracking and other --

25 **DR. MAURO:** That remains unchanged --

1 **DR. ZIEMER:** -- management issues.

2 **DR. MAURO:** -- from last year and --

3 **DR. ZIEMER:** Yeah, that's --

4 **DR. MAURO:** -- we're coming in exactly on
5 budget. I'm tracking the cost and it turns out
6 we're coming in right where we planned --
7 'cause this fiscal year's close to completion.
8 I track monthly and the -- the numbers are
9 right on target.

10 **DR. ZIEMER:** Now if -- if I've -- if I have
11 this correct, this will come out to exactly
12 thirty-five hundred --

13 **DR. MAURO:** By definition, because we're going
14 to do it that way.

15 **DR. ZIEMER:** Right, we -- we have forced it
16 back to --

17 **DR. MAURO:** Yes.

18 **DR. ZIEMER:** -- the lower figure. Lew, do we
19 need a formal action on this? I think we may.

20 **DR. WADE:** Okay, that's fine.

21 **DR. ZIEMER:** May-- maybe a -- a motion to
22 approve the proposed tasks and budgets, as --
23 as we have modified them.

24 **MR. PRESLEY:** I'll make the motion.

25 **MR. GIBSON:** (Off microphone) (Unintelligible)

1 **MS. MUNN:** As a comment, I must once more lodge
2 my very strong objection on one item that has
3 to do with our contractor. This Board selected
4 our contractor to provide us with technical
5 support, and they have done so admirably. It
6 was certainly not the expectation of some of
7 the members of this Board, including me, that
8 two of the most well-known anti-nuclear
9 activists in the United States today would be
10 included on the payroll of our technical
11 subcontractor. One of those individuals is
12 highly qualified technically; the other is not.
13 I have mentioned this before, and nothing came
14 of it. I cannot help but say again, for our
15 contractor to be paying -- by even the lowest
16 possible standards -- over \$50,000 a year to an
17 individual who does not have technical
18 qualifications, who has been purported to be
19 necessary as a policy advisor and because of
20 access to the Department of Energy's internal
21 workings, is simply not an acceptable thing.
22 We're squandering the taxpayers' money in doing
23 this. The argument that his presence is
24 necessary to achieve access to Department of
25 Energy officials is absurd in the face of the

1 fact that one of the principals of our
2 contractor certainly has adequate access to the
3 Department of Energy. I have no argument with
4 the work that our contractor has done. I have
5 great argument with continuing this particular
6 individual on their payroll. I think it is
7 absolutely unconscionable for us to be agreeing
8 that it's okay to continue to pay this
9 individual when he is not a technical
10 individual and is not adding to the technical
11 information that we're asking from our
12 contractor.

13 **DR. ZIEMER:** Okay. Thank you. Your comments
14 are so noted. I don't know that this Board is
15 in a position to directly address that. Maybe
16 Lew can help us with that. Jim Melius, a
17 comment?

18 **DR. MELIUS:** Yeah. Seems to be an annual rite,
19 but -- of this, but I will go on the record as
20 pointing out, as I have before, the valuable
21 contributions of the individual in question to
22 our work, most recently with the Hanford site
23 profile review. He's been very helpful and
24 provided significant information that was
25 useful to -- and will be useful to our review

1 of that site profile and that site work, and I
2 think -- I do not understand this continued
3 personal attack on him. I think they're
4 inappropriately -- to be made from this
5 Advisory Board and -- in this manner.

6 **DR. ZIEMER:** Okay. Wanda?

7 **MS. MUNN:** They continue to be made because the
8 individual has expertise in journalism,
9 particularly flamboyant journalism; is an
10 excellent speaker, is an excellent crowd
11 motivator, and has a good horticultural
12 background. But he does not have the nuclear
13 technology expertise that some of us expected
14 from the individuals, and which I see in all
15 the other individuals, on the SC&A payroll.

16 **DR. ZIEMER:** Okay. Thank you.

17 **DR. WADE:** What I will do is I'll review --
18 with transcript in hand, I'll sit with the
19 contracting officer, discuss this issue, and if
20 -- if he feels any action appropriate, he'll
21 take it. But we'll let the Board know if we
22 would take any action.

23 **DR. MELIUS:** Well, I would object to that, Lew.
24 I mean this is an attack from -- personal
25 attack on somebody from an individual on this

1 Board who apparently has some sort of grudge or
2 some other personal dislike for him, and I
3 don't think that warrants you taking any
4 actions at all. If we want to take actions, I
5 think it's something the Board should take up
6 and delib-- deliberate. We've talked about
7 this before. I don't think it's appropriate to
8 -- to give any credence to this individual
9 attack.

10 **DR. WADE:** Certainly before any action would be
11 taken, we would discuss it with the Board.

12 **MS. MUNN:** Yes.

13 **DR. ZIEMER:** Okay. Mike, uh-huh.

14 **MR. GIBSON:** I'd just like to go on record
15 also. The individual in question I have worked
16 with in my previous experience as union officer
17 for the last 20 years, and I've found that he
18 has incredible knowledge of the history of the
19 DOE sites and the whole process of the nuclear
20 industry, and I've found him to be a extremely
21 valuable resource.

22 **DR. ZIEMER:** Any other comments? I -- I'm
23 reluctant to have us debating the merits of
24 individuals, per se. I und-- I understand the
25 -- the views of -- which are -- are, you know,

1 observations that folks have, which may depend
2 on where they're -- they're coming from in
3 their own experiences, but the bottom line is,
4 we're -- we're going -- the product we're going
5 to end up looking at is what our contractor
6 gives us. We -- we've gotten good product. I
7 -- I -- I may not personally be in tune with
8 every person they hire, I don't know every
9 person they hire, but I think ultimately it's
10 that bottom line that's important. I
11 understand the objections. I also understand
12 the other side of that. I -- I do know that
13 that individual does have a very great
14 knowledge of -- of the DOE sites. I have
15 interacted with that individual myself when I
16 worked with DOE, sometimes interacted with him
17 in positive ways, sometimes not so positive.
18 But I -- I will certainly offer that view that
19 he -- he has, although not a technical
20 background, has dug into the DOE issues enough
21 to know at least what is going on. Sometimes,
22 depending on where you're coming from, his view
23 of those things may be biased, but I guess all
24 of our views tend to be biased in one way or
25 another anyway. But I -- I think the -- the

1 objection is so noted in the record and that's
2 -- I think we can leave it at that point.

3 **DR. WADE:** Before we move off the contracting
4 issue -- and I hesitate to raise this in light
5 of the previous discussion, but I -- I need to
6 alert the Board that next year is the fifth
7 year of the SC&A contract that was intended to
8 be a five-year contract. I'll ask David Staudt
9 to come before the Board at the next meeting
10 and talk to the Board about a path forward for
11 continuing the services that you've so ably
12 made use of.

13 **DR. ZIEMER:** Okay. Thank you. I'm looking to
14 see where we are. I notice we don't have a
15 break in the morning. Is that an oversight?

16 **DR. WADE:** Quality judgment.

17 **DR. ZIEMER:** Quality judgment.

18 **MS. MUNN:** We should change that.

19 **DR. ZIEMER:** Well, I'm -- I'm wondering whether
20 we should --

21 **DR. MELIUS:** Under procedures, can we modify?

22 **DR. ZIEMER:** I'm wondering if we shouldn't take
23 a 15-minute break so that we don't have to
24 break in the middle of the Hanford discussion.

25 **MS. MUNN:** I think it would be nice.

1 representing Senator Murray's staff; and Dixie
2 Duncan, representing Congressman Hastings'
3 staff. We welcome all of you. I understand,
4 Kristin, that you have a statement from Senator
5 Cantwell. We'd be pleased to have you present
6 that now, if you wish.

7 **DR. WADE:** Is Gen Roessler on the line, just as
8 a matter of record?

9 **DR. ROESSLER:** I'm here, Lew.

10 **DR. WADE:** Good, Gen. Thank you.

11 **DR. ZIEMER:** Thank you, Gen.

12 **MS. EBY:** Is this already on? Oh, great. I
13 just had a quick state-- well, not quick, but a
14 statement from the Senator, and I apologize if
15 I stammer. I just got the corrected version
16 about 15 minutes before I got here, so...

17 (Reading) Thank you, Chairman and members of
18 the Advisory Board on Radiation and Worker
19 Health, for the opportunity to submit testimony
20 on recent findings from the NIOSH evaluation
21 report. I also want to thank Dr. Melius and
22 the Hanford working group for their hard work
23 on this technical and complicated matter.

24 In its SEC-00057-1 report from May 15th, 2007,
25 NIOSH determined that it cannot estimate

1 radiation dosages with sufficient accuracy for
2 workers between October 1st, 1943 and August
3 31st, 1946 at the Hanford site. This finding
4 is consistent with the discovery from the June
5 2005 Stanford Cohen & Associates report which
6 raised concerns about the dosimetry data
7 available for certain Hanford workers is
8 insufficient and makes appropriate
9 determination for worker compensation under the
10 Energy Employees Occupational Illness and
11 Compensation Program. In other words, workers
12 who have been employed at the Hanford site
13 between 1943 and 1946 time period should be
14 given Special Exposure Cohort status because of
15 their radiation exposure cannot be accurately
16 calculated.

17 According to the May 15th NIOSH evaluation
18 report, the class of employees in the early
19 years is comprised of employees who worked at
20 the Department of Energy for more -- for at
21 least 250 days, and its contractors and
22 subcontractors working in the 300 fuel
23 fabrication facilities, the 200 area petroleum
24 separation facilities, and the 100-B, D and F
25 reactor areas.

1 Too many Hanford workers and their families
2 have waited years for the compensation they
3 deserve. This recent decision is welcome news
4 at the Hanford community in its critical stage
5 in the ES-- in the SEC process.

6 While NIOSH continues its evaluation of the
7 post-1946 years of the Hanford SEC petition, it
8 is imperative that all Hanford workers covered
9 in the special cohort petition receive a full
10 and fair review of their case. They deserve
11 the compensa-- the comprehensive review without
12 further delays. I look forward to the
13 impending second evaluation report from NIOSH.

14 I have enjoyed working with the Board to move
15 the Hanford SEC petition forward. I appreciate
16 the Board's attention to resolving these
17 compensation issues, and support the decision
18 that benefits Hanford workers and their
19 families. A variety of occupational illnesses
20 have pla-- man-- have long plagued many workers
21 and their families here at Hanford. These
22 workers deserve Special Exposure Cohort
23 designation.

24 America's nuclear workforce has a rich
25 tradition in hard work and tremendous sacrifice

1 that has kept our country secure. There is no
2 room for compromise when it comes to workers'
3 health and safety. As you deliberate today,
4 please keep in mind the time -- please keep in
5 mind that time is of the essence, and these
6 workers have a significant exposure to
7 unmeasured neutrons deservers -- deserves quick
8 action. We have a responsibility to step up
9 and deliver.

10 Thank you again for allowing me to submit
11 testimony, and I look forward to the continued
12 work of the Advisory Board on worker
13 compensation issues at Hanford. Thank you.

14 **DR. ZIEMER:** Thank you very much, Kristin, and
15 thank the Senator on our behalf, as well.
16 Rebecca or Dixie, do either of you have
17 statements that you wanted to have entered into
18 the record?

19 **UNIDENTIFIED:** (Off microphone)
20 (Unintelligible) record (unintelligible) --

21 **DR. ZIEMER:** Can you use the mike, please,
22 'cause we...

23 **UNIDENTIFIED:** Barbara Lisk gave the letter --
24 read that on Wednesday evening --

25 **DR. ZIEMER:** Yes.

1 **UNIDENTIFIED:** -- and we have copies back here
2 with handouts.

3 **DR. ZIEMER:** Oh, very good. Thank you very
4 much.

5 Okay, thank you. We will proceed with the
6 presentation of the evaluation report, and Sam
7 Glover is -- with NIOSH is going to make that
8 presentation. Sam, welcome.

9 **DR. GLOVER:** Thanks, Paul. My name's Sam
10 Glover. I'm a health physicist with the
11 National Institute for Occupational Safety and
12 Health, and I'm going to discuss the Special
13 Exposure Cohort petition evaluation for
14 Hanford.

15 As LaVon Rutherford discussed the other day, we
16 have divided this in two parts and this is Part
17 One, and I'll describe that in detail.

18 We had three Hanford -- I apologize -- three
19 Hanford petitions have qualified for evaluation
20 under the Special Exposure Cohort. These
21 include SEC-57 (sic), which is all production
22 workers, the 100 and 300 areas from '43 until
23 September 1st, 1946, and all 200 area workers
24 from December of '44 through September of '46.
25 SEC-57, which covers the time frame from

1 January 1st, 1942 through December 31st, 1990,
2 and that covers all employees in all facilities
3 in all areas of Hanford.

4 A third petition, SEC-78, was approved and is -
5 - consists of all roving maintenance carpenters
6 and apprentice carpenters that worked in the
7 100, 200, 300 and 400 areas of Hanford from
8 April 25th, 1967 through February 1, 1971.
9 These three petitions were merged into two --
10 in -- merged and then divided into two sections
11 to allow -- as we discussed, this has been
12 discussed with the Board previously, but the
13 DuPont era represents a special period when
14 DuPont, from this -- very beginning through
15 September 1st, 1946 and is a definable cut
16 point in the dosimetry records and practices.
17 September 1, '46 through 1990 is a very -- so
18 it's a well-split-out -- why -- I mean to just
19 give you some background on why this split
20 occurred and why this was set forth.

21 This presentation reports the conclusions of
22 the evaluation report for Part One, and this
23 was issued on September 1st -- I'm sorry, May
24 15th, 2007, and the evaluation for Part Two
25 will be issued in early September, 2007.

1 The petition basis provided information and
2 affidavits in support of the belief that
3 accurate dose reconstruction was not possible
4 for Hanford workers -- basically that personal
5 monitoring data -- gaps existed for several
6 individuals during this time -- this time
7 period. SEC-57 was qualified bas-- was
8 qualified on this basis. SEC-50 was qualified
9 based on the -- it was completely encompassed
10 by petition 57. And then the third petition,
11 SEC-78, will be discussed in the second half as
12 it is outside this period that we're going to
13 discuss today.

14 NIOSH evaluated the class as all employees in
15 all facilities and areas of the Hanford Nuclear
16 Reservation from January 1, 1942 through
17 December 31st, 1946.

18 I guess I do need to remember to click the
19 slides. I turn the page, but if I don't click
20 the slides, it doesn't help very much, so just
21 briefly -- I'm not going to read through all
22 the individual sources of information we did
23 provide. And I did want to point out that the
24 handouts have a lot of background information
25 and what nuclides were present, what the -- how

1 the facilities were divided, the type of work
2 that was done and so I'm not going to go over
3 that so we can have enough time, particularly
4 that the petitioners can -- can also speak at
5 the end of my presentation.

6 A number of Technical Basis Documents were
7 available for the Hanford site, and those are
8 provided. Technical Information Bulletins,
9 including TIB-30, external coworker data,
10 internal coworker data, fission and -- TIB-54,
11 fission and activation products; also ORAU
12 Procedure 60 and X-ray procedures were all
13 considered as part of this evaluation.

14 I did want to discuss that we have had a great
15 deal of contact with former workers. We've
16 really tried to come out -- we've had two
17 separate outreach meetings that we've come out
18 to Hanford to discuss the issues with former
19 workers. To begin with, though, we have a
20 number of site profile reviews that were
21 conducted by SC&A. We had worker outreach
22 meetings in -- with the building and
23 construction trades in January 13th, 2004 and
24 another on January 14th, 2004 with the metal
25 trades.

1 Make sure I've...

2 **UNIDENTIFIED:** (Off microphone)

3 (Unintelligible)

4 **DR. GLOVER:** What's -- the red button, pause
5 it? There we go.

6 We had the interviews with former workers and
7 site experts, including one on April 22nd -- or
8 -- yeah, April 22nd, 2004. Outreach concerning
9 DuPont era workers which was conducted here in
10 this room March 28th, 2007. Those transcripts
11 are not yet available. They have to be cleared
12 because there are personal identifier-- ing
13 (sic) information. We have notes from
14 interviews with 11 former radiation protection
15 workers.

16 A sec-- the second period was actually outside
17 -- that was from 1950. We had another outreach
18 meeting here in June that was cont-- for the
19 second half of this petition report.

20 Over 670 documents were identified and reviewed
21 for relevance for this time frame. These
22 including historical background, Hanford
23 Engineering Works monthly reports, Health
24 Instrument Section monthly reports, incident
25 documentation, epidemiological sta-- studies,

1 and we also delved into the logbooks from the
2 DOE. They worked very hard to retrieve
3 logbooks from this era to -- also to provide us
4 -- really try to make sure what information was
5 available.

6 Certainly evaluated documentation and
7 affidavits submitted by the petitioner, and
8 also the Comprehensive Epidemiological Data
9 Resource, also known as CEDR.

10 The Hanford Radiological Exposure database,
11 also known as REX, was searched to see what
12 available data was -- that we had access to.
13 We also looked at -- there've been large
14 compilations. Hanford has certainly a long
15 history and a number of sources, Ron Kathren
16 and a number of individuals have captured a
17 great deal of information and -- and also
18 interviews with former workers, some of them
19 who are no longer with us. Part of that would
20 be the Herbert M. Parker memorial. Those were
21 also reviewed for relevance.

22 To provide some idea of the number of cases
23 that we're talking about -- and I was very
24 impressed when I came out. We didn't have a
25 large cohort, but we still had 25, 30 people

1 from the '44 to '46 time frame who came to
2 provide information. We met the guy who
3 started the metal fabrications facility who
4 made fuel here, production people in the -- in
5 the reactors during this time frame. So we
6 actually had a good turnout of folks to provide
7 a lot of information.

8 There are 378 cases which meet this class
9 definition. Dose reconstructions have been
10 completed on 328 of those. Cases which contain
11 internal dosimetry is 49, and I want to point
12 out that internal dosimetry at Hanford was in
13 its infancy. We'll discuss that at -- in more
14 depth in the next slides. Cases which contain
15 external dosimetry, 244.

16 Computer-Assisted Telephone Interviews were
17 also conducted, and these were evaluated.

18 Routine plutonium bioassay program was started
19 in September of 1946 at Hanford, so therefore
20 that data is not available for this time frame.

21 While uranium was piloted in 1946, actual
22 reliable results were not -- and this is a
23 self-assessment of their program, that they
24 were not reliable until 1948. Fission product
25 urinalysis was also started in -- was started

1 in 1947, but also was not really considered
2 reliable until '48. So essentially, internal
3 dosimetry -- bioassay was not available during
4 this time frame.

5 Except they did conduct thyroid scans for
6 workers in the canyons, so they do have iodine
7 measurements. Whole body counting methods were
8 not used until late 1950s. And while there is
9 air sampling data, it's difficult to relate to
10 worker exposure.

11 For external monitoring practices, dosimeters
12 were assigned to all workers who entered
13 controlled radiation areas. For photon, we're
14 talking about pencil ionization chambers, so
15 these were used for beta-gamma dose. They were
16 issued in pairs because if these things read
17 ho-- if they -- if they were discharged, they
18 would read high, so they were issued in pairs
19 and I'll actually show some examples of -- of
20 this -- of the measurements and practices. So
21 they would issue these things in pairs. They
22 were read daily and recorded to meet dose
23 limits. They were used beginning in 1943 at
24 the fuel fabrication operations, and when the
25 use of film badges became -- started, the --

1 that became the dose of record and the PICs
2 were no longer -- but they were still used and
3 I believe, as Jack Fix and others have pointed
4 out, they're still used today in operations to
5 control dose on a daily limit.
6 The film dosimeter was a two-element dosimeter
7 design which began in October, 1944. It had a
8 great deal of difficulty distinguishing between
9 beta and low-energy photons. Weekly results
10 were recorded in individual cards.
11 For neutron data they be-- they used this --
12 this pencil ionization chambers with boron-10
13 liners, and that became -- began use in 1944.
14 However, I want to point out that there is no
15 measured neutron dose at Hanford until 1950, so
16 they recorded no positive neutron dose using
17 this equipment.
18 So 1944 -- this -- as I said, in this -- the --
19 the second set of slides, it talks about how
20 many people were at Hanford and construction
21 workers, and so there's a lot of other details
22 in the other material. But we had 3,495
23 workers that were monitored. We had 1,499
24 positive photon results. For any year we had
25 no neutron results. For positive non-

1 penetrating we had 292 -- and I won't belabor
2 it, you can see the graph, but you can see
3 there were a number of positive reads from the
4 pencil dosimetry.
5 From this -- and I hope it's -- it's clear from
6 -- on your reports, but just to give you an
7 idea of the magnitude and that they were
8 tracking by area, even in the multi-
9 (unintelligible) -- this is 1946 -- to show you
10 the different reactor areas, how many pencils
11 were being read. This -- I'll hesitate to use
12 a laser, but actually shows you how many
13 readings betw-- for a single dosimeter read
14 between 100 and 200 millirem, but when a second
15 dosimeter, how many that actually were in a
16 paired result were actually positive, so it
17 actually kind of gives you a feel for that
18 second -- the -- the opportunity for failure of
19 that dosimeter and why this practice was used
20 and that there was supporting information, but
21 -- so they recorded defective film, insensitive
22 reads -- so there was a lot of other
23 information. So actually during this time
24 frame we had the film badge results, so...
25 For occupational medical X-rays, they did

1 receive routine X-rays. NIOSH has procedures
2 and records available to evaluate this dose.
3 Environmental dose, we believe that the records
4 and models exist to evaluate these early
5 exposures for environmental releases.
6 For unmonitored workers that -- we believe that
7 for -- while most process workers were
8 monitored, unmonitored worker dose from
9 external sources may be estimated using
10 coworker data.
11 I'd like to discuss now some of the petition --
12 or the -- the areas identified by the
13 petitioners. One of these includes the missing
14 Hanford DuPont area dosimetry results. You see
15 from the previous slides we do have external
16 dosimetry results on a number of individuals
17 during this time frame. This is the time when
18 people -- during the DuPont era in 194--
19 September of '46 they left. The concern was is
20 that no individual Hanford DuPont worker
21 records were in existence because they've all
22 been destroyed. We reviewed these claims and,
23 as I said, we found that a number of them had
24 external dose data. We did find, however, that
25 workers who left with DuPont may have had their

1 work -- their records moved with them. Workers
2 who later went to the Savannah River Site,
3 we've actually found their Hanford employee
4 records in those sites. I did want to point
5 out that these records were the basis for the
6 AEC Health and Mortality Study, and so there is
7 some -- there certainly was some moving of the
8 records off the site.

9 A second point was that methods used to
10 estimate releases were not claimant favorable.
11 This concern was associated with the computer
12 program RATCHET has a tendency to
13 underestimate, that it was unsuitable for
14 modeling Hanford emissions. The bulk of
15 Hanford releases are episodic in that they
16 resulted from batch processes, and therefore
17 they're -- we believe that they're well-modeled
18 using annual averages. RATCHET was developed
19 to account for these episodic nature of iodine
20 releases from the Hanford reprocessing plants.
21 Subsequent analysis has shown that when this
22 additional uncertainty is appro-- is
23 appropriately accounted for, these results
24 compare favorably with the results looking at
25 the hourly -- at the hourly release data.

1 The third topic was the under-recording of
2 neutron dose, that neutrons were under-recorded
3 for plutonium workers during the period '50 to
4 -- 1950 to '71 when the Hanford nuclear -- the
5 NTA -- Part One, and this actually falls under
6 the Part Two evaluation and so actually the
7 entire neutron dosimetry, because it
8 encompasses and splits the two period, will be
9 fully developed in Part Two.

10 Feasibility of internal dose reconstruction --
11 based on the absence of bioassay data for this
12 period from -- prior to September 1, 1946,
13 NIOSH has concluded that internal dose
14 reconstruction is not feasible, with the
15 exception of those projects associated with the
16 metal fabrica-- metal -- I'm sorry, uranium
17 fuel fabrication areas, which -- typical atomic
18 weapons employer approaches can be used for
19 that.

20 This of course means that a health endangerment
21 determination is required.

22 We believe that for external photon dose that
23 the records are extensive and sufficient to
24 conduct external dose reconstruction during
25 this time period for photon dose. As I said,

1 neutron dose will be discussed in the second
2 phase.

3 So the standard graph that we have, we say that
4 we can do uranium and ambient environmental for
5 internal, but cannot do plutonium or fission
6 product dose reconstruction.

7 For external, we believe that gamma-beta,
8 ambient environmental and occupational medical
9 X-ray can be done, but that neutron dosimetry
10 will be evaluated in the second part.

11 And I will read our suggested or recommended
12 class definition include all employees of the
13 DOE or DOE contractors or subcontractors who
14 would -- who were monitored, or should have
15 been monitored, for internal radiological
16 exposures while working at the Hanford Envir--
17 Engineer Works in the 300 area fuel fabrication
18 facilities from October 1, 1943 through August
19 31st, 1946; the 200 area plutonium separation
20 facilities from November 1, 1944 through August
21 31st, 1946; or the 100 B, D and F reactor areas
22 from September 1, 1944 through August 31st,
23 1946, and were employed for at least 250
24 aggregated work days, either solely under their
25 employment, or in combination with work days

1 within the parameters established for other SEC
2 classes.

3 I'd like to provide that additional information
4 regarding this evaluation is available at the
5 AB document review Hanford folder on the X --
6 on your all's -- I think it's your X drive or
7 your O drive, I don't know for sure which --
8 which drive you guys access this at. So with
9 that, I appreciate any questions you may have.

10 **DR. ZIEMER:** Okay. Thank you very much, Sam.
11 Let me open the floor for questions from the
12 Board, if any. Dr. Melius.

13 **DR. MELIUS:** Yeah, I'm a little confused on
14 this neutron issue because your -- I think --
15 maybe I didn't read your evaluation report
16 carefully enough, but at least for your
17 presentation, from what I did read, it appears
18 that you're not really addressing the neutron
19 issue or your ability to reconstruct neutron
20 exposures in this particular evaluation? And I
21 guess it's a little puzzling because that -- in
22 terms of our deliberations and in terms of what
23 we're -- we -- we have to do in terms of moving
24 forward with this evaluation, it -- it affects
25 the class definition and things like that, so

1 I'm -- guess I'm trying to understand what
2 you're -- what you're proposing.

3 **DR. GLOVER:** I -- perhaps I should have made it
4 more clear and I apologize. The -- the report
5 that was issued mentioned that we could do
6 neutron dose. Upon -- as we prepared this and
7 put this together, we are -- it's -- it better
8 encompassed looking through 1950 because it
9 overlaps. What I wanted to make clear is -- is
10 that the places where there are neutrons,
11 there's also plutonium, and that we do not
12 believe that this additional data, or the lack
13 of it, would change the class definition that
14 those workers who would be -- would be exposed
15 to plutonium or internal dosimetry were also
16 covered by the neutron issue and so that there
17 -- that the overlap of those doesn't prohibit
18 moving forward with the class.

19 **DR. MELIUS:** Okay. That -- that -- that's
20 helpful, though it's still -- still problematic
21 from our perspective because we also try to say
22 what you can do as -- as part of our
23 transmissions on -- on -- on these issues and
24 it sort of leaves a hole there.

25 **DR. ZIEMER:** Yeah, I -- I think that's a -- a

1 good point, with the exception of the fact that
2 the two in this case are -- unlike some other
3 sites, they're not mutually exclusive. The
4 only time you had the neutrons was when the
5 plutonium --

6 **DR. MELIUS:** Yeah.

7 **DR. ZIEMER:** -- was present, which in itself
8 qualifies them, therefore, for the Special
9 Exposure Cohort. So I think it's a little
10 different than some of the other cases.

11 **DR. MELIUS:** No, I -- I understand that part.
12 That's why I said that that -- that -- that
13 part was helpful.

14 **DR. ZIEMER:** But later on, if you -- if it were
15 determined, let's say in your -- in the next
16 stage of your evaluation, that the neutron
17 workers themselves are eligible, let's say, for
18 an SEC, in a sense it expands it into this, but
19 -- but the SEC would already exist here anyway.
20 Is that correct?

21 **DR. GLOVER:** Yes.

22 **DR. MELIUS:** Uh-huh.

23 **DR. ZIEMER:** You -- you would -- you would have
24 to be talking about a case where -- where there
25 was a non-presumptive cancer --

1 **DR. MELIUS:** Correct.

2 **DR. GLOVER:** Right.

3 **DR. ZIEMER:** -- and you were trying to look at
4 the external dose only -- I think --

5 **DR. MELIUS:** Yeah.

6 **DR. ZIEMER:** -- in which case the neutron
7 question becomes important for the early group.

8 **DR. MELIUS:** Correct.

9 **DR. ZIEMER:** Right now, without the neutron
10 evaluation -- I'm trying to think what would
11 happen if they -- if someone were doing a non-
12 presumptive cancer. Maybe LaVon's going to
13 answer that for the early group.

14 **MR. RUTHERFORD:** Well, for the early group --
15 we wanted to leave it open for neutrons,
16 recognizing that -- be fully evaluated in the
17 second, and our -- and our time frame for
18 completion is that -- such that it would be --
19 you know, before the cases would actually be --
20 the non-presumptives would be returned from
21 DOL, the second evaluation would be fully
22 completed. And we felt like you could put
23 NIOSH has -- at this time believes neutrons may
24 be able to be reconstructed in your letter, and
25 note that, but through the process it will be

1 fully evaluated in the second half. We didn't
2 want to take it away from the non-presumptive
3 cancers, the chance -- if we determined we
4 could -- to be able to do that at this time.
5 But we recognized that the class was not going
6 to change.

7 **DR. MELIUS:** Okay. Can -- can -- I don't know
8 if Sam or -- who can -- Jim Neton can fill me
9 in on this because -- just so it's clear to
10 everybody, when we, you know, started work on
11 the site profile review and the major issue for
12 the site profile review was the neutron dose.
13 This is over the larger -- larger time period
14 that -- that's involved, and when we had our
15 workgroup meeting was -- number of months ago,
16 we were told by NIOSH that you were sort of
17 going back and, you know, re-looking at that --
18 that whole issue. Can -- can -- I presume that
19 -- that the re-look at that issue is then what
20 is coming out in terms of Part Two? I mean and
21 -- and -- and I think what would -- presume
22 would come from that would be a revis-- also a
23 revision of the site profile, at least for that
24 -- that portion of it?

25 **MR. ELLIOTT:** Yes, that is correct --

1 **DR. MELIUS:** Okay.

2 **MR. ELLIOTT:** -- and actually there's meetings
3 that have been held this week here with folks
4 to further elucidate this issue on neutrons.

5 **DR. MELIUS:** Okay.

6 **MR. ELLIOTT:** I think it's important for the --
7 for the audience to understand what we're doing
8 here.

9 **DR. MELIUS:** Uh-huh.

10 **MR. ELLIOTT:** We're saying from NIOSH's
11 perspective that we see a class that should be
12 added because we can't reconstruct a specific
13 component of the dose.

14 **DR. MELIUS:** Uh-huh.

15 **MR. ELLIOTT:** We're also saying that we reserve
16 our -- our opinion, we have not expressed our
17 opinion about neutrons for this class at this
18 point. And why we're doing this is that we see
19 a -- clearly a class that we would recommend to
20 be added and we would like to proceed with --
21 with designating that class so that those
22 claims can move forward through that process of
23 eligibility for -- within a class.
24 What that leaves us with is claims that are not
25 eligible under that class definition. In our

1 experience in -- in administering these
2 classes, we typically see 60 percent of the
3 claims having one of the 22 listed presumptive
4 cancers, leaving 40 percent having a non-
5 presumptive cancer which would require us to
6 try -- to attempt to reconstruct all dose that
7 we can reconstruct. There's going to be some
8 dose, because we've added a class, we cannot
9 reconstruct. And -- and so in the instance of
10 this class where we have a non-presumptive
11 cancer claim that is going to have to have a
12 partial -- what we call a partial dose
13 reconstruction, we hope to have this neutron
14 thing resolved and -- and have the ability to
15 either add that in or it will not be able to be
16 reconstructed and it won't be included in a
17 partial. I hope folks understand what's going
18 on here. It's very -- I know very complex and
19 it's ver-- very ambiguous to -- to a person
20 who's not involved in this on a day-to-day
21 basis.

22 **DR. MELIUS:** Yeah, but -- but am I right that
23 you're -- in the evaluation report you imply
24 that you're going to do neutron dose for this
25 time period with neutron/photon ratios?

1 **MR. ELLIOTT:** No, we're reserving that until --

2 **DR. MELIUS:** Reserv-- okay, okay.

3 **MR. ELLIOTT:** We're reserving that until we
4 resolve this neutron issue --

5 **DR. MELIUS:** Okay.

6 **MR. ELLIOTT:** -- one way or the other.

7 **DR. MELIUS:** Okay. It's -- that's not clear
8 from the evaluation report. It -- it's clearer
9 from the presentation, but it may be my
10 reading.

11 **MR. ELLIOTT:** Okay. Well, that -- that's --

12 **DR. MELIUS:** Okay, I'm just asking --

13 **MR. ELLIOTT:** -- that's where we're at. That's
14 our intent.

15 **DR. MELIUS:** Okay.

16 **DR. ZIEMER:** Thank you. Other questions, Board
17 members?

18 **DR. MELIUS:** I would just ask -- I don't know
19 if Arjun or John have anything to add, based on
20 -- I mean from --

21 **DR. ZIEMER:** Arjun? Oh, hang on --

22 **DR. MELIUS:** -- where we -- where we stand.

23 **DR. MAKHIJANI:** Yeah, I -- I'm glad of the
24 clarification because the evaluation report
25 explicitly says that neutron doses can be

1 reconstructed, but your presentation just now
2 said you're reserving it, so there's been a
3 change from the time you wrote -- I'm -- I'm
4 just asking for clarification 'cause it was
5 puzzling. So that would clear it up because
6 that's what confused me a little bit is --
7 since there has been a change, then the -- I
8 guess the ER would be revised.

9 **DR. ZIEMER:** John Mauro?

10 **DR. MAURO:** One more nuance I had -- I heard
11 mentioned that the plutonium aspect of
12 exposures was captured within the class for the
13 internal, and then you had mentioned -- and
14 that would go along with the neutron issue but
15 -- since the plutonium covers that person. In
16 other words, you would capture that person
17 because of plutonium. But I'm more concerned
18 about individuals that may have worked at the
19 reactors where they also received neut--
20 neutron exposures, not the plutonium exposures.

21 **DR. GLOVER:** Unfortunately, I disa-- they did
22 receive pl-- the fuel ruptures and they
23 monitored for plutonium airborne contamination
24 at the reactors.

25 **DR. MAURO:** Also.

1 **DR. GLOVER:** Later they monitored people for
2 urinalysis. The -- the reactors are covered
3 under that, and also with fission products.

4 **DR. MAURO:** Thank you.

5 **DR. ZIEMER:** I -- I want to clarify, in case
6 there's any question on the point Arjun was
7 just making. If you look in the ER report on
8 page 44, the summary table states that neutron
9 dose is -- is feasible to reconstruct. The
10 analogous table presented in the slides
11 basically says to be evaluated. So that's the
12 difference I think that Arjun was pointing out,
13 so in essence I think we probably should
14 consider that -- do we consider that a -- a
15 revision to the evaluation report? Am I
16 interpreting that correctly --

17 **DR. GLOVER:** I --

18 **DR. ZIEMER:** -- 'cause those -- those two
19 tables are different.

20 **MR. RUTHERFORD:** I actually -- Dr. Ziemer, we
21 will issue -- it will be either -- we'll
22 probably issue a supplement actually, a short
23 supplement to that --

24 **DR. ZIEMER:** Right.

25 **MR. RUTHERFORD:** -- and -- and, you know, like

1 Larry mentioned, that a lot of those things
2 were coming up at the end. We wanted to make
3 sure we had the opportunity to present this
4 class to the Board at this meeting and we
5 didn't -- we wanted to move forward, so...

6 **DR. ZIEMER:** Yeah. Thank you.

7 **DR. GLOVER:** And it is cla-- you know, to be
8 claimant favorable, to --

9 **DR. ZIEMER:** Right.

10 **DR. GLOVER:** -- try to give as much dose as
11 possible.

12 **DR. ZIEMER:** Mark, did you have an additional
13 comment or question?

14 **MR. GRIFFON:** Yeah, ju-- just a -- off the
15 neutrons for a second, you -- you mentioned in
16 your presentation no bioassay data, but you do
17 say you can reconstruct uranium internal doses.
18 So I assume that the buildings listed are all
19 plutonium-associated areas and that's why you
20 designated the class that way, but what about
21 the uranium, can you -- maybe I missed it in
22 your presentation, but --

23 **DR. GLOVER:** The 300 areas -- I apologize
24 'cause that is in the second half of this. It
25 describes what buildings and operations

1 occurred in the 300 areas. The metal
2 fabrication -- or the fabrication -- fuel
3 fabrication occurred in 300 areas, but also a
4 great deal of research activities occurred
5 there which included plutonium and other
6 materials, so those areas -- there is overlap,
7 so we would -- we're saying that we would be
8 able to do the uranium dose for these other
9 cancers --

10 **MR. GRIFFON:** Okay.

11 **DR. GLOVER:** -- but that they are covered in
12 the 300 areas.

13 **MR. GRIFFON:** Covered within the class, all
14 right, gotcha. So when -- yeah, and -- and in
15 the mo-- in the actual recommendation it says
16 were monitored or should have been monitored
17 for internal radiological exposures. It seems
18 to me that's a --

19 **DR. GLOVER:** There was thyroid --

20 **MR. GRIFFON:** Is that inconsistent with your --
21 I mean is that inconsistent --

22 **DR. GLOVER:** There were iodine measurements.

23 **MR. GRIFFON:** -- with were monitored or should
24 have been -- I mean you're saying you can't do
25 plutonium or fission products, but that's not

1 all internal radiological exposures.

2 **DR. GLOVER:** There were 30 or --

3 **MR. GRIFFON:** You see what I'm saying? It's a

4 --

5 **DR. GLOVER:** If you remember, there's 30 cases
6 that have bioassay data during this time frame
7 when it was in its infancy. And so plutonium
8 was an experimental bioassay procedure being --
9 that some of these people have in their records
10 in this time frame, but it was, as I said,
11 experimental, it was being worked out. And so
12 they may have bioassay records in their data
13 file, so that is left in there. There is some
14 bioassay, but it's not really -- was -- it's
15 not really considered valid data.

16 **MR. GRIFFON:** I -- I -- I guess I'm not stating
17 my question very accurately. What I'm asking
18 is, it seems to be the wording in the motion --
19 or the wording in the recommendation seems to
20 be inconsistent with your table, you know. If
21 I were to write it from the table I would say
22 were monitored or should have been monitored
23 for internal exposures to plutonium or fission
24 products in the following areas, because you
25 say that you can do --

1 **DR. ZIEMER:** I think he's saying it doesn't
2 matter which one they're monitored for --

3 **MR. GRIFFON:** The fol--

4 **DR. ZIEMER:** -- that they're still eligible.

5 **MR. GRIFFON:** It's the same people, right. Is
6 that what you're -- you're --

7 **DR. GLOVER:** Yes.

8 **MR. GRIFFON:** Oh, okay, I guess --

9 **DR. ZIEMER:** Regardless of which nuclide they
10 were monitored for, they would still be
11 eligible.

12 **MR. GRIFFON:** All right.

13 **MR. RUTHERFORD:** Yeah, Dr. Ziemer, we could --
14 and the Board, we can actually revise that, if
15 it makes it easier, in the supplement to say
16 just the specific fission products and -- and
17 plutonium, you know, that it doesn't matter --
18 what -- our position is the ca-- the class is
19 not going to be affected by it either way --

20 **MR. GRIFFON:** Yeah, so it's really the bottom
21 line, yeah.

22 **MR. RUTHERFORD:** -- but if it makes it easier
23 for -- and the Board -- or if it sounds better
24 to the Board, it doesn't matter.

25 **DR. ZIEMER:** Well, I guess --

1 computer incompatibility and we're hooking up
2 another computer so the petitioner can make a
3 presentation.

4 **UNIDENTIFIED:** (Unintelligible) people who did
5 a petition like the one Gai Oglesbee did and we
6 give input to?

7 **DR. WADE:** Gen, are you still with us?

8 **DR. ROESSLER:** Yes, I am. I think that's
9 somebody else on the phone who was asking a
10 question.

11 **DR. WADE:** That didn't come through.

12 **UNIDENTIFIED:** When you're talking about the
13 petitioners talking, were you talking about the
14 one that Gai Oglesbee did and my organization
15 give input and documents?

16 **DR. ZIEMER:** The petitioner's going to be
17 making a presentation here shortly. We're just
18 hooking up the computer, so stand by.

19 (Pause)

20 You'll need to use the microphone. It appears
21 that we're almost ready to go here, so...

22 **UNIDENTIFIED:** (Off microphone)

23 (Unintelligible)

24 **DR. ZIEMER:** Can -- you'll need to use the
25 microphone, and then give us your name for the

1 record and then proceed.

2 **MR. FOLLES:** Thank you. Thank you. First I
3 should introduce myself. I appreciate your
4 patience. I'm Tom Folles, an attorney, and I
5 want to explain very simply how I even got into
6 being the petitioner for this group -- that's
7 presently under consideration. I represented a
8 large number of -- of persons in the downwinder
9 litigation and after that had been going on for
10 some time, why this law was passed for worker
11 compensation and, not surprisingly, there was a
12 number of downwinders in the litigation that
13 were also workers. So after being advised of
14 that, then there was a smaller group of those
15 former workers that were DuPont workers -- that
16 were DuPont workers. And consequently -- and
17 incidentally, part of the regulations is that
18 anyone that files a worker claim must be
19 dismissed from the litigation, so all of those
20 folks that were signatories on my petition for
21 SEC status have all been dismissed and their
22 claim is entirely just as a former worker.
23 Now as part of our worker presentation and
24 development, we would always go with a FOIA
25 request for the full worker file. And the FOIA

1 office of the DOE kept coming back and saying
2 we're sorry, we don't have anything at all on
3 DuPont workers. And that -- that set us on a
4 search, so to speak.
5 Now this first document is simply a historical
6 document that I can show you -- downwind --
7 let's see if I can get that enlarged here.
8 Maybe the next one enlarges -- yeah. Part of
9 that historical document shows -- this is way
10 back in the -- in the '50s when DuPont took all
11 of its boxes, all of its records and loaded
12 them in a train and sent them back to
13 Wilmington. Now fortunately, the -- there was
14 enough requests back by GE for operational
15 records that they needed to borrow back from
16 DuPont, so between the back and forth, why the
17 AEC at that time and now DOE ended up with
18 operational records for DuPont, with all of the
19 power histories, et cetera, and as was --
20 already been explained by Dr. Glover, they --
21 there is records of the health instrument
22 reports. There's other records -- the
23 technical reports, so we have really the full
24 background on the operation of DuPont, except
25 for some inexplicable reason they -- any

1 records that relate to an individual DuPont
2 worker are missing.

3 We made -- there was -- had been some
4 considerable efforts made to locate these
5 records. I'll just briefly go through them.
6 This is Shirley Geiderson*, she was task
7 manager for the HEDR project. That's the
8 Hanford Environmental Dose Reconstruction
9 project -- which incidentally, a lot of the
10 information on these worker records is based
11 upon. And she received, as you can see, a
12 reply back from the legal office of DuPont that
13 states that the Hall of Records has informed me
14 that the only surviving records are payroll
15 records of employees working at the site. No
16 dosimetry. All other records were either
17 destroyed or turned over to AEC in the mid-
18 1970s.

19 Then -- oh, this is just the typical response
20 we would get from the FOIA office every time we
21 wrote for a worker record who was a DuPont
22 employee, that they would give us the standard
23 answer that the -- and this was to the best of
24 their knowledge, that all of those records were
25 left -- all of those workers who left DuPont

1 and continued their employment with DuPont at
2 the end of the contracting period were archived
3 with DuPont and have sub-- been subsequently
4 destroyed. You may wish to go to the Hagley
5 Museum to see if they have anything.

6 Well, we did go to the Hagley Museum. They
7 don't have anything, either -- I'll kind of cut
8 to the chase here.

9 Then we get to the Pacific Northwest National
10 Laboratories. Now as you probably are aware,
11 PNL was the site scientific arm of the DOE for
12 Hanford. They took care of all of the -- the
13 testing, the record-keeping of dosimetry and
14 did numerous studies in that regard. The --
15 but writing PNL, we were advised by them that,
16 as we have discussed in the past, when DuPont
17 left they took all their records with them. We
18 have had no success in obtaining any of these
19 records.

20 Now this is probably something that most of you
21 are aware of, but I want to just point this
22 out, that the document history unequivocally
23 establishes the points that have already been
24 mentioned. And if it's ever challenged, the
25 information's all here.

1 This is another -- this is a -- a legal
2 assistant to the DuPont Corporation and she
3 states at the end of her long affidavit all the
4 places she's searched and she comes down to the
5 conclusion I've conducted a review of the files
6 stored at Hagley and -- and that review is --
7 is still ongoing. I have not located any
8 documents at Hagley that are responsive to the
9 subpoena of such-and-such date.

10 Well, this information really wasn't enough for
11 NIOSH. They wanted more points checked, and
12 the issue was raised is whether or not this
13 dosimetry might be available in some of these
14 epidemiological surveys that had been
15 conducted. And there was a regular database
16 maintained by the DOE, the acronym of CEDR,
17 that contains reports on some of the studies
18 they've made. It's similar to the REX
19 database. And the last paragraph in all of
20 these reports points out that -- maybe I've got
21 a blowup on this, yes -- the research
22 department of the Hanford Environmental Health
23 Foundation has provided the demographic, job
24 history and mortality data for this study.
25 Then they go on to say the health physics

1 department of Pacific Northwest Laboratory
2 provided external dosimetry and internal
3 deposition data, and so on.

4 Well, the PNL (unintelligible) has already
5 adamantly set itself on record that they don't
6 have any of the DuPont worker data, so
7 obviously this study could not contain that
8 data. This is likewise with another report for
9 the same kind of study, same -- same ending
10 paragraph. So again we have another
11 epidemiological study that is not using the
12 basic DuPont worker dosimetry. It doesn't
13 exist anymore.

14 Then we also checked with a -- the process that
15 Battelle -- when I say Pacific Northwest
16 Laboratory, that's run by the Battelle Company
17 -- and the description of the process used to
18 create the Hanford mortality study database,
19 and it's quite exhaustive, as you might
20 imagine, but when you go down to footnote
21 number one at the bottom of that page, you see
22 the statement -- these records -- she's
23 referencing some records that were -- they were
24 unable to obtain. These records belong to
25 employees who left Hanford with DuPont when

1 General Electric replaced DuPont as the major
2 contractor. Because DuPont had taken exposure
3 records of these persons with them, a decision
4 was made that these dose records were the
5 responsibility of DuPont rather than the
6 Hanford biological records program. So those
7 records are not even a part of the
8 epidemiological programs being run or financed
9 by the DOE for Hanford.

10 So then there's a series of interchanges from
11 NIOSH to me concerning the fact that NIOSH
12 wanted this situation about the so-called
13 carryover records checked into. As might be
14 expected, there was a number of DuPont workers
15 that, when DuPont left effective September 1st,
16 1946, they stayed on with GE. Now some of
17 those records -- some of the dosimetry records
18 that were developed for those workers during
19 their DuPont tenure were carried over with
20 these workers to the GE files and GE was an
21 excellent work -- excellent I should say
22 custodian of that type of record. So we do
23 have those so-called carryover records. The
24 question is, is there enough of them to support
25 a conclusion of -- of the dose exposure for the

1 remaining -- for the -- for the DuPont workers
2 that don't have any such carryover records.
3 Can you extrapolate from what the carryover
4 records provide back and provide -- and develop
5 internal dose exposures for all the rest of
6 them.

7 Well, the answer to that is that the -- the
8 records -- the record -- first of all, turn out
9 to be quite limited. It's already been
10 mentioned the contractor doing the work for
11 NIOSH, ORAD (sic), believes that they had 49
12 such carryover internal dosimetry records.
13 They would be basically urinalysis records.
14 And this is just a copy of the first report,
15 dated March 1st, 1946, of how DuPont was going
16 to conduct this urinalysis, and I think it's
17 significant for this purpose. When you get
18 into the report and the full measure of the
19 report, you come down to the counting. And
20 when we find in the counting that they used,
21 they -- they simply counted the tracks on the
22 plates and used that to develop an exposure.
23 Why, that is the most rudimentary and primitive
24 form of that kind of analysis of -- that they
25 were making of the plutonium content in the

1 urine and has since been replaced by wet
2 chemistry and several other technologies like
3 alpha spectrometry, et cetera. And just wet
4 chemistry alone has been found to be three
5 times as effective as this so-called counting.
6 So we -- we have a situation where the internal
7 carryover records, or the carryover records of
8 the internal exposure to DuPont workers are
9 limited in number -- in fact, it was the
10 opinion of NIOSH and the contractor that the
11 percentage is too small to apply -- to
12 extrapolate from to develop the internal
13 exposure to the rest of the DuPont workers.
14 And of course it's these DuPont workers that
15 are the subject of this petition.
16 In any event, we went further and got -- I
17 asked for the -- and obtained from a Freedom of
18 Information request, we always had to do this
19 with Freedom of Information requests because
20 that was the only proper legal procedure
21 available to obtain this, and it -- and it
22 avoided -- it avoided the situation where some
23 separate group of private persons might get
24 information from NIOSH that no one else would
25 get, so the-- these records were available

1 through the FOIA request. And in response to
2 the FOIA request I made for all of the records
3 -- all of the carryover records of DuPont
4 workers of internal exposure -- namely their
5 urinalysis records -- I was -- I received the
6 full set. You'll notice that at the top all of
7 the actual names and -- and Social Security
8 numbers are redacted, which is the correct
9 procedure that you have to do that to avoid all
10 sorts of problems, not the least of which is
11 identity theft.

12 In any event, the full set -- the full set they
13 gave me -- now these -- these I may -- I may
14 add, these are -- are summaries, really,
15 created by PNL from the raw data records. By
16 raw data records, I mean the slip of paper
17 that's filled out by the chemist that has just
18 finished analyzing -- or the radiochemist, I
19 should say -- that has just finished analyzing
20 the tracks on the plate that they got from the
21 urinalysis. And those raw data records or
22 slips are then consolidated on -- on -- for
23 each individual by PNL and then, for this
24 particular individual, this is what you get,
25 this sort of a record.

1 And when you go through all of these, there's
2 basically only 27 persons that they actually
3 have these kind of records for. They have a
4 great many more raw data records, but that's
5 what supplies the -- the basis for these
6 summaries. Now -- so we could find -- we were
7 furnished only 27, which is even fewer amount
8 than what was believed to be available of 49,
9 but that's -- that's really irrelevant in the
10 sense that if 49 is too few, then most
11 certainly 27 is too few.

12 Okay, these are just -- all right. Now that
13 leaves -- I -- be-- before I leave that -- that
14 particular subject, what we really have in the
15 terms of internal dosimetry for the Hanford
16 DuPont workers, and this includes the
17 carryovers, is -- is information that was
18 developed in the last six months of -- of
19 DuPont's tenure. In fact, most of those
20 records I just showed you are in the last three
21 months and they're -- secondly, none of them
22 show any exposure, which is understandable
23 since the level of detection on the -- on the
24 technology they were using to count the -- the
25 -- the -- the amount of radionuclide discovered

1 is -- is so rudimentary (sic) that -- as to give
2 you an example, it's -- I've seen some that
3 indicate that level of detection was up over 60
4 and the modern level of detection normally
5 used, and has been used for a number of years,
6 is .05, so we have limited records on a brand-
7 new, untested procedure that -- that shows --
8 with the very poor detection and so the -- I
9 think it's fairly clear that the records and
10 the experts could well agree on why these
11 carryover records do not support any -- any
12 dosimetry for the DuPont workers.

13 Now last but not least -- I'll quickly get
14 through this 'cause I don't want to take any
15 more time, we have a -- well, first of all,
16 I'll get into this one here. The -- the issue
17 came up as to why couldn't they take the source
18 term of these various nuclides and use that
19 source term as a way to at least create some
20 generic exposures for the DuPont workers. And
21 so to develop the source term they went to the
22 original author of the -- of the -- all of the
23 source term that Hanford created, a Mr. Heep,
24 and he calculated the source term for four
25 basic radionuclides that he felt were most

1 relevant -- excluding iodine, which of course
2 was the biggest release of all, but -- and
3 talking about internal exposure, the particles
4 that get into the system and cause cancer, and
5 these are -- most of these cancers in this case
6 are not thyroid cancer anyway so we can leave
7 out the iodine and -- as he did. He
8 concentrated on plutonium, ruthenium-106,
9 cerium-144 and strontium-90. And the way he
10 did it, he had no measurement records for the
11 stacks during DuPont's tenure. They had --
12 incidentally, they had tried to create some --
13 some measurement, stack measurement detection
14 in the original days, but they gave up because
15 they realized it was totally inefficient and
16 incorrect (unintelligible) -- in fact, they
17 just quit -- quit any further attempts in that
18 score.

19 But what he did, he went forward in time to the
20 Purex and Redox plants and checked what they
21 were -- what kind of release fractions they
22 were developing for those four radionuclides
23 that I mentioned. And they usually came up
24 with a factor of -- oh, like for the 1.1 times
25 ten to the minus seventh, or another

1 radionuclide would be something like four times
2 ten to the minus seventh, and they were all --
3 they were all some factor for the four of them
4 times ten to the minus seventh. Then he felt
5 that the water scrubber that was subsequently
6 put on after DuPont's tenure was 99 percent
7 efficient. So what he did, he went ahead and
8 then increased the -- the amount that was the
9 release fraction from a number times ten to the
10 minus seventh to ten to the minus five. He did
11 that for all four radionuclides. And he did it
12 -- the basic factor as he describes here,
13 during this period no emission control
14 equipment was in operation. The water
15 scrubbers were assumed to be 99 percent
16 efficient in removing ruthenium. Therefore a
17 generic ruthenium factor of ten to the minus
18 five was used.

19 Now that's exactly the reasoning that was
20 applied to all four of the radionuclides, and I
21 -- I could show you every document that
22 demonstrates that, but I won't -- I won't take
23 the time, but they're all there and that's
24 exactly the reasoning he used.

25 Well, then there was -- we come to a study --

1 and again, I can just find documents. I have
2 to depend on the experts to say what they mean.
3 And so the -- the -- a stu-- a study which I
4 regard as -- a very, very professionally done
5 was done by a firm operated by Dr. John Till,
6 who was formerly, as you know -- or you may
7 know -- he was the chairman of the technical
8 steering panel that monitored Battelle when it
9 developed the HEDR, the Hanford Environmental
10 Dose Reconstruction. And anyway, he made a
11 study of the particle releases during the
12 periods in question. And what he did, he took
13 Heep's figure exactly, took every one of them
14 and put them on his spreadsheet, except that he
15 increased what he called -- from the 100
16 increase that Heep had given, two magnitudes,
17 he increased it to 150, to be extra-
18 conservative.

19 There was also at the time this was going on,
20 when Heep was doing his work, there was not
21 only the technical steering panel which was
22 composed of a number of academic and scientific
23 experts, just like this Advisory Board, and
24 they worked with Battelle step by step all
25 through the development of HEDR. In addition

1 they had a -- Battelle had what you might call
2 a private, non-public external peer review
3 panel. And we have here one of the most
4 important members of that panel, a man named --
5 and by the way, there was no holds barred when
6 the panel made their comments. It was just
7 strictly what they really felt, and no one was
8 trying to be polite. But in any event, one of
9 their important members by the name of Al
10 Blaizewitz*, he went through a very involved
11 study and he finally came up with the fact that
12 since the generic release factors of the
13 cerium, ruthenium and strontium were obtained
14 at Redox and Purex plants -- Purex plants from
15 the decontamination efficiency of 99.9, the
16 translation of these fractions to B and D
17 plants for the period of May '44 to May '48
18 when there was no filtration equipment at those
19 plants, require increasing the generic release
20 factors by three orders of magnitude rather
21 than two orders of magnitude.
22 So in effect, we've got Heep and his efforts --
23 very skillfully done, I think, and well-
24 intentioned. He came up with a correction
25 factor -- for the period of time when these

1 stacks had no measurements and no filtrations,
2 he came up with a correction factor of 100.
3 Dr. Till came up with a correction factor of
4 150. Mr. Blaizewitz came up with a correction
5 factor of 1,000. And it would appear that this
6 is a good example of the lack of the
7 fundamental data that's really needed to
8 reconstruct the dose for the DuPont Hanford
9 workers. The data is not clear enough and
10 there's not enough dependable, reliable
11 information on which to make a -- a reasonably
12 accurate determination -- there's just not
13 enough data available to do that. And it did
14 not have -- although they were able to compute
15 filter efficiencies of all of these different
16 systems in sequence -- see, they replaced the
17 water scrubber with caustic scrubber, then they
18 had charcoal remover, and then of course they
19 had silver reactors, they had a number of
20 things on which these efficiencies were
21 developed that were not in existence at the
22 time DuPont ran the place. And -- but there
23 was no separate evaluation of the individual
24 units except we did find something, and for
25 some reason -- and I don't know how -- this was

1 overlooked by my assistant and -- in helping me
2 prepare this thing, and I'm nearly finished,
3 gentlemen, is -- I think this is important, see
4 if I can find it. There was a study made of
5 the efficiency of the water-scrubber. Now
6 you'll re-- you'll recall that in each case,
7 Heep and Dr. Till and ultimately the
8 contractor, all assumed that the efficiency was
9 99 percent, which would give them the basis for
10 -- at least as a starter, of using a two-
11 magnitude increase in the release fraction.
12 This scrubber test, dated August 8th, 1948,
13 stack contamination, by J. P. Martell*, it's a
14 typical declassified historical document
15 similar to the ones I've showed you, and this
16 test went on to say --

17 **DR. WADE:** Microphone.

18 **DR. ZIEMER:** We can't hear you. Keep your
19 microphone up, we can't hear you.

20 **MR. FOLLES:** I'm nearly -- if I can make this
21 point --

22 **DR. ZIEMER:** Microphone.

23 **MR. FOLLES:** Oh, excuse me. Excuse me. Excuse
24 me, sir.

25 This point -- this test went on to say that the

1 data indicated a collection efficiency under 96
2 percent and probably under 90 percent, and
3 superficial velocities up to one foot a second
4 and water rates up to 200 gallons a minute, et
5 cetera. While these tests were far from
6 comprehensive, the results did indicate that
7 this type of scrubber was not capable of a very
8 high degree of particle removal, even at
9 relatively low capacity.

10 Now here we've got something that -- that is
11 down to at least 96 and in some cases under 90,
12 whereas Mr. Heep and the others had all assumed
13 that it was 99. Now that seems like a small
14 point, but it's just -- that seems like a small
15 point, but I present it simply as an
16 illustration of the ambiguity necessarily
17 involved in try to -- trying to reconstruct
18 these DuPont internal doses.

19 And I do have one other item I want to mention.
20 The -- there was a AEC health and mortality
21 study, and -- and it was prepared by Kirkland,
22 and there was some suggestion that the -- that
23 this study might contain some good Hanford
24 DuPont dosimetry. Well, when you -- when you
25 look at it and you go through it all, you --

1 you come to the point where they describe the
2 data on which the study was made. And I wanted
3 to check this out because it had been left
4 dangling in the -- in the rewor-- in the review
5 report. There's a 194-page report, but when
6 you -- when you check the study out, you find
7 that when they talk about the data that it's
8 based on, they get into -- the first item it's
9 based on is personal exposure data for DuPont
10 employees for the period 1944 through 1946 who
11 subsequently transferred to General Electric.
12 In other words, they don't have any of the
13 other original DuPont data. They again have
14 got just the carryover data, and we already
15 know how unreliable that carryover data is.
16 And that basically wraps up the -- the -- the
17 central thrust of the points that I'm making as
18 a petitioner in support of the petition and if
19 -- which -- which is -- concerns only the
20 internal exposures, but without an adequate way
21 to develop internal exposures we can't develop
22 a good basis -- reconstruction for doses that
23 would support a finding for cancer. Thank you
24 very much.

25 **DR. ZIEMER:** Thank you very much. Did the

1 petitioners have additional individuals here
2 that you wish to have address the group or --

3 **MR. FOLLES:** Excuse me, sir?

4 **DR. ZIEMER:** Did you have additional people
5 from your petition that you wanted to --

6 **MR. FOLLES:** No -- no, I --

7 **DR. ZIEMER:** -- make -- okay, thank you.

8 **MR. FOLLES:** -- I'm the --

9 **DR. ZIEMER:** You're it, okay.

10 **MR. FOLLES:** -- only one that --

11 **DR. ZIEMER:** Very good.

12 **MR. FOLLES:** -- prepared this petition,
13 although I did have -- I think there was ten --

14 **DR. ZIEMER:** No, I just wondered if you had
15 others here to speak, but you do not.

16 **MR. FOLLES:** Ten of my clients gave me the okay
17 to go ahead and --

18 **DR. ZIEMER:** Very good.

19 **MR. FOLLES:** -- present this petition.

20 **DR. ZIEMER:** Thank you. Okay, Board members,
21 this -- this petition now is open for
22 discussion or questions -- yes?

23 **UNIDENTIFIED:** (Off microphone)

24 (Unintelligible)

25 **DR. ZIEMER:** I think that's permissible. It's

1 basically up to the main petitioner, but I
2 think he would allow that, so please proceed.

3 (Pause)

4 **MS. HOYT:** I -- I have a -- my name is Rosemary
5 Hoyt and I am a petitioner. My petition is
6 SEC-00057. It covered the period from 1942 to
7 1990 and therefore I question that Mr. Folles
8 is the primary petitioner and do not understand
9 the Board's saying so. Can you explain that?

10 **MR. RUTHERFORD:** Actually she is correct. Her
11 petition is the primary petition. Mr. Folles's
12 petition is the petition that only covered the
13 early years. Her petition is the more
14 encompassing petition that covers all years, so
15 she definitely has the authority, I would
16 think, to speak in this...

17 **MS. HOYT:** Thank you. One of the points that I
18 would like to mention is that it was brought up
19 the first day that we were here that we had
20 been notified that the petition had been split,
21 and then the Board members looked at my sister
22 and I and we shook our heads. It was then
23 clarified that we had been notified in a
24 meeting. Each time that NIOSH did anything
25 previous to that, we were notified in a letter

1 delivered by FedEx. Every time a petition was
2 merged, we were notified in writing. So it was
3 rather shocking to find out then that the
4 petition had been split by going and learning
5 about this at a meeting. I think that that was
6 an improper thing to do.

7 Another concern that I have is the time frame.
8 I believe that NIOSH took the easy way out and
9 decided to do just the DuPont worker time frame
10 instead of doing the more comprehensive through
11 1948 or through 1950, as some of the evidence
12 suggests. And I am very disappointed that
13 NIOSH chose to do that and that the Board has
14 allowed them to do that.

15 The other concern that I'm making is the time
16 frame of 180 days. Since it was split, the
17 time frame should have applied to each part of
18 the petition for a total of 180 days that they
19 were working on it concurrently. Now it
20 appears that 180 days is for 1943 or 1942 to
21 1945 and an additional 180 days is going to be
22 allotted for the second half of the petition,
23 which covers a huge amount of time, and I don't
24 think that that is at all fair or timely, and I
25 don't understand why the Board is not calling

1 for accountability on this.

2 **DR. ZIEMER:** Okay, thank you. The -- the
3 remainder of the evaluation I believe is
4 scheduled to come to the Board in September,
5 and -- and that's -- that's what the Board has
6 to work with so that's...

7 **MS. HOYT:** I would like to also make the point
8 that -- and I don't have a PowerPoint for this
9 or specific documents to cite, but in reviewing
10 all of our cases and numerous cases for people
11 -- from people that came to us, we believe that
12 REX and RATCHET are seriously flawed. As Mr.
13 Folles stated, they contain summary data and
14 some of it is very raw summary data. He showed
15 a PowerPoint slide where it's -- was stamped
16 best available copy. Going through this, there
17 were thousands of pages that were stamped best
18 available copy.

19 We also called Mr. Steve Baker, I believe his
20 name -- Baker or Barker. He works out at PNNL
21 and he said that the microfiche is unreadable
22 for 1955 and that there are thousands of
23 copies, he agreed with us, where it said best
24 available copy. And so not only are you
25 working with limited monitoring, there's faulty

1 computer systems and the computer systems
2 contain -- or were based on documents that were
3 unreadable.

4 And again I would like to stress the time frame
5 and ask that this review be carried on
6 expeditiously.

7 **DR. ZIEMER:** Okay, thank you.

8 **MS. HOYT:** Thank you.

9 **DR. ZIEMER:** Any other comments on behalf of
10 the petitioners?

11 (No responses)

12 Okay. Board members, this -- what we have is
13 the evaluation report. It's -- that we need to
14 take action on. Do you have questions or
15 comments or discussion? Dr. Melius.

16 **DR. MELIUS:** Yeah, I'd just like to follow up
17 on this question -- I'm still a little bit
18 concerned about this neutron issue and -- and
19 again I think -- I'm not sure it was fully
20 answered before, but the questions are there
21 other workers on this site that were -- might
22 not fall into the -- the current definition and
23 why -- why was the current definition -- why
24 not just monitored or should have been
25 monitored for radiological exposures. Wouldn't

1 that be -- what difference would that make, and
2 it would...

3 **DR. GLOVER:** I believe we were trying to say
4 that photon dose -- that we would estimate that
5 for non-presumptives, so we were --

6 **DR. MELIUS:** Okay.

7 **DR. GLOVER:** -- trying --

8 **DR. MELIUS:** Okay, I see what you're saying.

9 **MR. GRIFFON:** But why not -- why are -- why --
10 I guess, to add onto your question, Jim -- why
11 -- I guess I -- I'm concerned and I -- I don't
12 know -- is -- I'd have to look at this closer
13 for Hanford, but are there non-plutonium areas
14 where there could have been potentials for
15 neutron exposures, for instance? I mean are --
16 you know, outside of these -- so you're
17 defining buildings, and I'm a little uneasy on
18 -- on, you know, limiting it to that building.
19 Could it -- you know, is it better to just say
20 the Hanford site where there was moni-- where
21 they were monitored or should have been
22 monitored for internal exposures?

23 **MR. RUTHERFORD:** If -- I -- I apologize --

24 **MR. GRIFFON:** You know.

25 **MR. RUTHERFORD:** -- in this other presentation,

1 the 100, 200 and 300 are the areas. These are
2 very large geographical constructs that --

3 **MR. GRIFFON:** That covers everything.

4 **MR. RUTHERFORD:** -- that -- hundreds of
5 buildings each --

6 **MR. GRIFFON:** So that covers --

7 **MR. RUTHERFORD:** -- it is --

8 **MR. GRIFFON:** So it's --

9 **MR. RUTHERFORD:** -- an entire area, yes.

10 **MR. GRIFFON:** So it's the same thing as saying
11 --

12 **MR. RUTHERFORD:** The Hanford site.

13 **MR. GRIFFON:** -- the Hanford site. So why --
14 okay. So I wa-- I just wasn't sure that
15 covered all areas or if there were -- it covers
16 all areas, you're saying, all workers.

17 **DR. ZIEMER:** For that entire --

18 **MR. RUTHERFORD:** That's -- to my -- yeah, the
19 one -- those were all the radiological
20 operations at Hanford, the 100, 200 and 300
21 areas. I can't off-- you know, just off the
22 top -- off the cuff remember if there was some
23 ancillary facility somewhere, but that's where
24 all the radiological exposures would have been
25 -- would have occurred.

1 **DR. ZIEMER:** Okay.

2 **DR. MELIUS:** Okay, that -- that's helpful,
3 appreciate it.

4 **DR. ZIEMER:** Other comments or questions?

5 (No responses)

6 It -- it would be in order to have a motion in
7 reaction to this petition evaluation report.

8 Dr. Melius?

9 **DR. MELIUS:** Yeah, I'd like to offer a -- a
10 motion, I guess with my own friendly amendment,
11 I guess -- our usual style. I think I've
12 composed a letter I think we -- let me read it.
13 I think we can hopefully, maybe over lunchtime,
14 get it printed out and everyone can -- can take
15 a closer look.

16 The Board recommends that the following letter
17 be transmitted to the Secretary of Health and
18 Human Services within 21 days. Should the
19 Chair become aware of any issue that in his
20 judgment would preclude the transmittal of this
21 letter within that time period, the Board
22 requests that he promptly informs the Board of
23 the delay and the reasons for this delay, and
24 that he immediately works with NIOSH to
25 schedule an emergency meeting of the Board to

1 discuss this issue.

2 The Advisory Board on Radiation and Worker
3 Health, parentheses, the Board, close
4 parentheses, has evaluated SEC petition 00057-1
5 concerning workers at the Hanford Nuclear
6 Reservation under statutory requirements
7 established by EEOICPA and incorporated into 42
8 CFR Section 83.13. The Board respectfully
9 recommends Special Exposure Cohort status be
10 accorded to all employees of the Department of
11 Energy, predecessor agencies and DOE
12 contractors and subcontractors who were
13 monitored, or should have been monitored, for
14 internal radiological exposures while working
15 at the Hanford Engineer Works in the 300 area
16 fuel fabrication facility from October 1st,
17 1943 through August 31st, 1946; the 200 area
18 plutonium separation facilities from November
19 1st, 1944 through August 31st, 1946; or the
20 100-B, D and F reactor areas for September 1,
21 1944 through August 31st, 1946 and who were
22 employed for at least 250 aggregated work days
23 either solely under their employment or in
24 combination with work days within the
25 parameters established for other SEC classes,

1 parentheses, excluding aggregate work day
2 requirements, close parentheses.

3 The Board notes that although NIOSH found that
4 they were unable to completely reconstruct
5 radiation doses for these employees, NIOSH
6 believes that they are able to reconstruct
7 components of the internal dose other than
8 plutonium and fission products, close
9 parentheses, and all external doses with the
10 possible exception of neutron dose, which is
11 still being evaluated.

12 This recommendation is based on the fol--
13 following factors: People working at the
14 Hanford Nuclear Reservation during this time
15 period worked in the early years of nuclear
16 weapons research and production. Number two,
17 NIOSH review of the available monitoring data,
18 as well as the available source term and other
19 information, found that they lacked adequate
20 information necessary to conduct accurate
21 individual internal dose reconstructions for
22 plutonium and fission products during the time
23 period in question. Number three, NIOSH
24 determined that health may have been endangered
25 for these Hanford Nuclear Reservation workers

1 **DR. ZIEMER:** And Gen is on the phone, that will
2 be eight, and we will also -- we're -- will
3 need to get the votes of -- of the other two
4 members, but I will see what the vote is here.
5 Okay, all those in favor, aye?

6 (Affirmative responses)
7 Kind of raise your hand, we'll make sure --
8 okay, we have all hands showing here. Gen
9 Roessler?

10 **DR. ROESSLER:** Aye.

11 **DR. ZIEMER:** Aye, okay. So in any event, the
12 motion will -- has carried. We will still get
13 the votes of the other members for the record,
14 and we will have written copies of this motion
15 for editorial review later today, I guess --
16 it's not tomorrow. Okay.

17 But it appears to me that the wording is in
18 accordance with our normal format for
19 recommendations to the Secretary.

20 Thank you very much.

21 **DR. WADE:** Could I just ask NIOSH to go to the
22 microphone -- the petitioner did raise the
23 question about qualification dates and timing.
24 Could we just clarify that for the record?

25 **MR. RUTHERFORD:** Yeah, for the record, we -- we

1 -- we did not intend to split it out and give
2 each petition 180 days -- or give the --
3 breaking it out into two different sub--
4 subsequently making it 360 days. The intent
5 was, and we had identified that at the February
6 Board meeting, was this is such a large time
7 period and so much documentation, we recognized
8 the easiest way -- or the most efficient way
9 was to -- to handle those early years where it
10 had a specific problem and -- and then complete
11 the evaluation on the later years in a second
12 evaluation. We laid out our time frame. No
13 intentions of going to a 360 days. And I think
14 we -- the way we laid it out was to try to get
15 it done as quickly as possible.

16 **DR. WADE:** And what next we can expect is phase
17 two report in September?

18 **MR. RUTHERFORD:** That is correct. We're on
19 schedule for completion in early September.

20 **DR. WADE:** Thank you.

21 **MR. RUTHERFORD:** Uh-huh.

AGENCY UPDATES
DOW CHEMICAL COMPANY

22 **DR. ZIEMER:** We -- we are going to move now to
23 the item called agency updates, and more
24 specifically this refers to the Dow Madison

1 petition and some concerns that were raised by
2 Dr. McKeel. And let me also refer to the
3 letter that was referred to in the public
4 comment period and make one clarification on
5 that for Dr. McKeel.

6 At the time that the Board passed the motion
7 instructing the Chair to write that letter and
8 the reference to the, quote, next meeting, the
9 next meeting was in fact this meeting. The
10 other Denver Board meeting was actually
11 scheduled after that motion. And in -- in
12 fact, the final letter that I ended up sending
13 to the Secretary, after going back and looking
14 at the Board's motion and the fact that that
15 had been made before that sort of emergency
16 Denver meeting was scheduled, Dan, I'll just
17 mention that my -- my final letter to the
18 Secretary changed the words from next meeting
19 to the July meeting of the Board. So it is at
20 -- it is at this meeting that we asked that --
21 that that be done.

22 I also want to point out that this letter, like
23 all of our correspondence to the Secretary --
24 these are recommendations. We do not direct
25 the Secretary to do anything. He responds at

1 his pleasure. Nor does he direct other
2 agencies to do things. They respond at his
3 (sic) pleasure. I might tell you that I -- I
4 have not received any direct response from the
5 Secretary to that letter. We have had some
6 verbal feedback and Lew has given us some
7 verbal feedback so that we know that actions
8 have proceeded. But I just wanted to preface
9 that so that everybody's clear that it was at
10 this meeting that we're asking for a response
11 from both the -- the contractor and NIOSH.
12 Now the Board does -- is not really in a
13 position of directing NIOSH, either.
14 Technically, if we have something that we are
15 mandating that we think NIOSH should do, we
16 have to recommend that to the Secretary and
17 he's their boss and he would do that.
18 Nonetheless, NIOSH was here and heard the
19 request and -- and had to think about how they
20 would respond, and there are some implications
21 in terms of -- and we'll let Larry speak to
22 that in terms of what they can legally do and
23 not do, based on what are considered eligible
24 facilities. There are some responses that our
25 contractor did do and we'll let John report on

1 that in a minute.

2 Lew, you may have some other preliminary
3 comments and then we'll hear from Larry. I
4 think we will also hear from Labor and DOE by
5 phone, and also then we'll hear from John, as
6 well.

7 **DR. WADE:** Only to tell you what I know of the
8 Secretary's response. I do know that the
9 Secretary received Dr. Ziemer's letter and has
10 sent a response that, I am told, is making its
11 way through channels in the Department of HHS
12 and Dr. Ziemer said he has not yet received it,
13 so I can only take that as the fact.

14 Larry, do you want to report?

15 **MR. ELLIOTT:** Yes, thank you. At the
16 conclusion of the May meeting in Denver, after
17 this discussion about Dow, I had two action
18 items as I understood the Board -- excuse me,
19 sorry. I had two action items that I felt came
20 to me to follow up on, one of which was to
21 contact the other two Departments and try to
22 verify their position on the residual time --
23 residual contamination time period at Dow and
24 whether or not they viewed anything that had
25 been brought forward in -- in Dr. McKeel's

1 presentation and submission as being evidence
2 that -- that the designation for this facility
3 should be adjusted in any way, shape or form,
4 either to extend the period or otherwise.
5 So I -- I directed that an e-mail be sent
6 inquiring of both agencies about this in my
7 absence, and that was done. A letter came to
8 me in response to that e-mail from Pat
9 Worthington at DOE and I apologize here
10 publicly to Dr. McKeel that I didn't have that
11 shared. I'd asked that it be shared with him
12 and -- and in a flurry of activity, we seem to
13 have dropped the ball on that and I am sorry,
14 Dr. McKeel, that we didn't get you that
15 particular letter that was addressed to me that
16 was relevant to your concerns.
17 Another letter was generated based upon my
18 request. As Dr. McKeel informed you in his
19 public comments, that letter came to him
20 directly from Pete Turcic, and Mr. Turcic can
21 speak for himself about this, but he -- in my
22 view of the letter, he chose to take the
23 opportunity to speak about this particular
24 situation and the other particular request that
25 Mr. McKeel had -- Dr. McKeel had forwarded with

1 regard to use of the subpoena authority.
2 The -- the second action item that I heard the
3 Board request of NIOSH was to pursue and assess
4 the ability to reconstruct the thorium dose
5 during the residual period. I have not acted
6 upon that and -- and I have not expended any
7 resources to do so. It would be illegal for me
8 to do that, and the reason why is that is
9 outside -- it's not a covered period, it's not
10 covered exposure, and until I have a
11 determination from DOE and DOL that it would be
12 covered under this program, I cannot expend
13 resources to do that.

14 So that's basically my report on -- on where
15 things stand and my action items.

16 **DR. WADE:** Who's on the phone, Larry, could you
17 introduce...

18 **MR. ELLIOTT:** I believe that Pat Worthington
19 has -- has joined us by phone. She's in travel
20 status and so I -- I compliment her on her
21 efforts to try to get -- get in touch with the
22 Board here. I also believe there may be other
23 DOE folks on -- Regina Kano, I'm not sure who
24 else, and I think that from Department of Labor
25 we have Jeff Kotsch, and perhaps others as

1 well.

2 **MR. KOTSCH:** I'm here.

3 **DR. ZIEMER:** Okay.

4 **DR. WADE:** Could we verify who's on the line
5 from DOE?

6 **MS. WORTHINGTON:** This is Pat Worthington. Can
7 you hear me?

8 **DR. WADE:** Thank you, Pat. We're having
9 trouble hearing you, if you could speak --

10 **MS. WORTHINGTON:** This is Pat Worthington. Can
11 you hear me?

12 **DR. WADE:** Yes.

13 **MS. WORTHINGTON:** Okay. We're actually in
14 different locations and we'll try to give you a
15 coordinated status in answering questions.
16 Gina Kano is on the phone. Joe -- Joe
17 Lebowski* is on the phone. Libby White, for
18 historical reasons, is on the phone. Anyone
19 else, Gina, joining us from DOE?

20 **MS. KANO:** Greg -- Greg Lewis.

21 **MS. WORTHINGTON:** And Greg Lewis is here, as
22 well. Thank you.

23 **DR. ZIEMER:** Okay. I -- I didn't catch all
24 those names.

25 **MS. WORTHINGTON:** Greg Lewis is on the line,

1 Gina Kano, Libby White and myself -- and Joe
2 Lebowski.

3 **DR. ZIEMER:** Okay. And shall we hear from
4 Labor first, Jeff? Do you -- do you want to
5 make any comments on the issue for Labor?

6 **MR. KOTSCH:** I was -- I was going to -- am I --
7 can you hear me?

8 **DR. ZIEMER:** We can hear you here.

9 **MR. KOTSCH:** Okay. Well, I can hear myself
10 here, so I'm okay.

11 We have sent -- Pete had sent a letter to Dr.
12 McKeel back on May 22nd. I don't know whether
13 -- how much of that is -- has been shared with
14 the Board. Has that been discussed at all in
15 any kind of detail?

16 (No responses)

17 Dr. Ziemer?

18 **DR. ZIEMER:** I -- I think Dr. McKeel may have
19 sh-- I know -- I know he shared some letters
20 with me that -- I -- I'm not sure which one
21 we're referring to. Oh, Dr. McKeel's
22 approaching the mike here. Maybe you can shed
23 some light on this.

24 **DR. MCKEEL:** Actually I did write an e-mail
25 that responded -- in detail, I thought -- to

1 Pat Worthington's letter of 5/23. And the
2 letter that -- the e-mail that Dave Sundin had
3 written for Larry Elliott contained two main
4 points and I gave my rebuttal to both of those
5 two points which concerned me, in particular
6 point number one about whether any of the
7 purchase orders from Mallinckrodt were
8 readable. And Pat Worthington's letter had
9 said well, no, they were -- they were -- they
10 were not -- they were not legible and that a
11 staff person had actually looked at those
12 letters and at those purchase orders and Regina
13 Kano had also mentioned to me that -- that
14 actually the -- a lot of the letter had been
15 drafted by Roger Anders before he retired from
16 DOE on June the 1st.
17 Anyway, my response back to -- to that letter
18 has not actually been responded to by Ms.
19 Worthington, and I did send copies to the Board
20 and to NIOSH, so I -- I tried to widely share
21 my comments and I would note for the record, I
22 never have gotten the -- the original e-mails
23 from OCAS to either Department of Labor or to
24 the Department of Energy. I did get the copy
25 that Pat -- of Pat Worthington's letter and

1 that was not delivered to me until July the 6th
2 by -- via, I guess, Jason Broehm to Robert
3 Stephan of Senator Obama's office. So that's -
4 - that's the status on what I've heard back
5 from the Department of Energy.

6 But the answer is yes, I did widely share those
7 responses. And I think in my e-mail I put the
8 -- the wording of the DOE response back. I
9 didn't send a copy of the letter to everybody,
10 but actually I must say, since NIOSH was
11 responding to the mandate of the Board, I -- I
12 mean it's inconceivable to me that O-- OCAS not
13 only did not send me those letters, but didn't
14 send them to the Board of their 5/8 e-mail.
15 That -- that's astounding to me, if that's
16 true.

17 **DR. ZIEMER:** Okay.

18 **MR. KOTSCH:** Dr. McKeel, this is Jeff Kotsch
19 with the Department of Labor. You did receive
20 our letter. Right?

21 **DR. MCKEEL:** Jeff, what I received was a letter
22 from Peter Turcic dated May 22nd that was
23 responding to a letter he said from me of March
24 27th, and that letter did not mention a word
25 that he was responding to anything that

1 happened at the Board on May the 4th. It did
2 not mention anything about being a response to
3 Larry Elliott and OCAS's 5/8 e-mail. So yes, I
4 got the letter, but since the letter arrived --
5 you know, was dated 5/22, two days before Dr.
6 Ziemer's Board letter, I didn't really link the
7 two events and the letter didn't have anything
8 in there that -- that linked the two events.
9 So that letter left me very confused. It
10 mentioned that -- I think the phrase was that
11 there was nothing legible that would lead
12 Department of Labor to change the covered
13 period. But it didn't mention what Department
14 of Labor had actually looked at. And Dow
15 Midland had sent us 79 purchase orders and only
16 two of them, and one in particular, TDCC316,
17 was the really relevant Mallinckrodt AEC/Dow
18 purchase order. So to me, that letter was not
19 at all specific. And you know, I -- I couldn't
20 link it to anything that had happened at the
21 May 4th Board meeting. And frankly, I wondered
22 why that second item had been included when my
23 letter in March only dealt with the subpoena
24 power and asked DOL to do that. So obviously
25 there's a miscommunication, but I -- I -- I

1 would not say it was clear at all that DOL was
2 responding directly to the Board's mandate on -
3 - on May 4th.

4 **MR. KOTSCH:** I think that a letter -- this is
5 Jeff Kotsch. I think the letter started with -
6 - you know, with -- with the March -- the
7 initial March inquiry on the -- on the subpoena
8 of Dow records and addressed that issue and
9 then I -- I think -- I wasn't involved in the
10 development of that particular letter, but I
11 think it then went into address issues that
12 were raised in the May Board meeting. It says
13 on page 3 that a determination was made by DOL
14 that -- after review of the 676 pages of
15 documentation provided by Dow regarding, you
16 know, whether to include the residual
17 contamination period or the -- you know, the
18 possible presence of thorium and -- and the
19 purchase orders, and I think those 676 pages
20 include the -- the purchase orders.

21 **DR. MCKEEL:** They do. But when I addressed the
22 Board on May the 4th, I didn't mention anything
23 except two of those purchase orders. They were
24 the relevant ones and -- and to me, if
25 somebody's going to respond in a definitive way

1 to evidence that I presented, they need to talk
2 about my evidence, not just in a general, broad
3 brush stroke of the 79 purchase orders but
4 those two in particular, and not just those two
5 in particular but the wording of those where,
6 you know, you could read magnesium alloy 21-A
7 and I linked that to a table from Dow that --
8 there are really only two possibilities. It
9 could be ZK21-A, a non-thorium alloy, or HM21-
10 A, which I gave my reasons then and feel the
11 same way it probably really referred to, and
12 that was a magnesium-thorium alloy. And -- and
13 Peter's letter did not mention any of those
14 specifics at all.

15 So I don't -- I don't really think that letter
16 was a -- an adequate or a definitive response
17 to the evidence that I presented to the Board.
18 And like I say, again, the letter didn't even
19 mention that it was in any way responding to
20 the Board. It was like clearly out of the
21 blue, and now I know that it wasn't out of the
22 blue at all; it was in response to a letter
23 that OCAS had sent to the Department of Labor,
24 which I have never received.

25 **MR. KOTSCH:** I think those two purchase orders

1 were found to be essentially illegible and not,
2 you know, useful for Labor to make a -- you
3 know, (broken transmission) petition as far as
4 (broken transmission) and -- and I -- as far as
5 a determination to whether to include
6 additional time. The other thing is that the
7 Department of Labor does not consider those
8 purchase orders to be a sufficient basis for
9 that deci-- for a decision on that (broken
10 transmission).

11 **DR. MCKEEL:** Well, Jeff, I'll also mention and
12 counter that argument. Clearly in my
13 PowerPoint which the Board has, you have,
14 Department of Energy has, the letters that I'm
15 mentioning were quite clearly visible. It was
16 a terrible copy, I'll ad-- I'll admit that. We
17 went to the step -- which nobody else did, by
18 the way -- to recontact Dow Midland and its
19 chief counsel, Dave Burnick*, and ask him could
20 they please look and see if there was a better,
21 cleaner copy or -- or in fact the original
22 purchase order, and that was not available,
23 apparently. But -- but in addition, even
24 though Department of Labor doesn't -- may not
25 consider that purchase order legible, also not

1 mentioned in Peter's letter was the fact that
2 we've got testimony in the way of sworn
3 affidavits from Dow workers testifying that
4 they sent Dow thorium-magnesium alloys to other
5 AE sites besides Mallinckrodt, and they
6 included Rocky Flats and more recently there is
7 some evidence that perhaps Los Alamos and Oak
8 Ridge should be included. Peter's letter
9 didn't mention that evidence at all and that's
10 clear cut evidence by multiple workers at that
11 site. So once again, I -- I really don't think
12 that letter was a definitive response, and I
13 don't think it even addressed our evidence, and
14 that bothers me a lot. That -- that letter was
15 not written to me. I had no knowledge of what
16 was in the original letter from Larry Elliott,
17 and I have -- you know, the response from
18 Department of Labor was not discussed with me.
19 I fully expected after the last Board meeting
20 that Labor and Department of Energy, which --
21 which I have had with them -- and then -- which
22 would include me and the Board and probably in
23 particular Dr. Melius, who made the two
24 motions, would all have had a dialogue. And --
25 and I am extremely distressed that we've not

1 had any dialogue at all except with the
2 Department of Labor about this. So -- so from
3 the Department -- I mean from the Department
4 Labor we've had no -- no dialogue. I have had
5 some with the Department of Energy, which I
6 appreciate.

7 Anyway...

8 **DR. ZIEMER:** Thank you, Dan. Now I guess we're
9 still awaiting the official response from the
10 Secretary, which maybe will delineate his
11 interactions both with Labor and with Energy on
12 this issue. And I believe what Dan is asking
13 is some more definitive evidence that those
14 documents that he cited had actually been fully
15 evaluated by Labor to make that decision. This
16 is not something that this Board -- we do not
17 mandate what Labor does. They're aware of this
18 issue, but I think we will need to see, and put
19 this on our agenda, what the -- we need to look
20 at the response from the Secretary to us in
21 terms of what we can do next because that will
22 dictate both what NIOSH can do and in turn what
23 this Board can do on this issue. But certainly
24 we -- it would be helpful to have a more formal
25 response from Labor at some point, either up or

1 down, on that issue.

2 I don't know, Lew, if you can add to that, but

3 --

4 **DR. WADE:** Well, I mean I think everything you
5 say is true. It -- it seems to me while
6 everyone is here -- and it's not the Board's
7 role directly -- if we could facilitate the
8 types of interactions that appear to be
9 necessary, that would be a good thing while we
10 have everyone here and present. DOE is on the
11 phone, DOL is on the phone, Dan is here, the
12 Board is present. It would seem to me that a
13 step forward would be a good thing to consider
14 taking now while we have all the parties
15 present and in discussion.

16 **DR. ZIEMER:** Well, let -- let me ask a -- a
17 couple of questions. What information do we
18 need from DOE at this point; that would be one.
19 Number two, is it -- is it feasible or
20 reasonable -- and Jeff, maybe informally I can
21 ask you this. Can we -- can we expect a -- a
22 more let's say formal decision from La-- from
23 Labor that would confirm that they have
24 examined the documents -- what led to the
25 request from the Board was the -- our looking

1 at the documents that Dr. McKeel presented, but
2 recognizing that we ourselves cannot do
3 anything on those, but in a sense asking that
4 they be examined carefully, may or may not
5 agree with Dr. McKeel's conclusions but at
6 least to show that they have been fully
7 examined, those specific ones that seem to at
8 least show a connection to -- to the thorium.

9 **MR. KOTSCH:** Dr. Ziemer, it's Jeff Kotsch.
10 Certainly if we got a formal request, you know,
11 we would -- we would obviously respond to that
12 fully -- you know, fully.

13 **DR. ZIEMER:** Thank you. What do we need from
14 Labor -- or from Energy at this point?

15 **UNIDENTIFIED:** Dr. Ziemer, this is --

16 **DR. MCKEEL:** Well, actually the Department of
17 Energy, through Pat Worthington, has responded
18 to two questions from Dave Sundin and OCAS.
19 And so in -- in my view, DOE has not really
20 responded to the Board, which was seeking the
21 information in the first place, so I think
22 Department of Energy should take into
23 consideration all the subsequent conversations
24 we've had about their 5/22 response from Pat
25 Worthington, look at the issue again, revisit

1 the documents that I pointed to and then send a
2 formal recommendation letter back to the Board.
3 I think that would be proper, and I'd hope send
4 copies to everybody, including me.

5 **DR. ZIEMER:** And again, that formal action from
6 DOE may be dependent on what the Secretary did
7 in terms of the follow-up. So it seems to me
8 that this is going to have to come back to our
9 agenda, Lew, either our phone call agenda or
10 the next full meeting, because we do not yet
11 have a response from the Secretary.

12 **MS. WORTHINGTON:** And I wanted to say that we
13 did --

14 **DR. ZIEMER:** Yeah.

15 **MS. WORTHINGTON:** -- receive in fact, last
16 week, a request -- a letter from Dr. McKeel
17 where --

18 **DR. WADE:** Pat, will you --

19 **MS. WORTHINGTON:** -- (unintelligible) --

20 **DR. WADE:** -- we can't hear you, Pat.

21 **MS. WORTHINGTON:** -- and addressing that letter
22 that was (unintelligible) --

23 **DR. WADE:** Pat, can you hear me?

24 **DR. ZIEMER:** Pat, we can't hear you.

25 **MS. WORTHINGTON:** Can't hear me?

1 **DR. ZIEMER:** Maybe if you speak louder or --

2 **DR. WADE:** But if you make an effort, I think
3 we could.

4 **MS. WORTHINGTON:** Okay, what about this?

5 **DR. ZIEMER:** A little better.

6 **MS. WORTHINGTON:** Little bit better? Okay.

7 Last week we did receive a FAX from Dr. McKeel
8 and we are in the process of responding to that
9 particular FAX. We have not yet completed the
10 response, but we're working on it.

11 **DR. ZIEMER:** Okay. They -- they're saying that
12 they're working on a response to Dr. McKeel at
13 the moment.

14 **MS. WORTHINGTON:** A request that came in last
15 week, but everything that we've received to
16 date we believe we have been responsive to Dr.
17 McKeel and to the Board and to NIOSH and to
18 Senator Obama in terms of getting information
19 back to them.

20 **DR. ZIEMER:** Okay. Thank you, Pat. Board
21 members, any other input on this? I -- does he
22 want to speak on this issue?

23 **DR. WADE:** Yeah.

24 **DR. ZIEMER:** Very good. I just got a note here
25 that Robert Stephan is -- from Senator Obama's

1 office is -- is on the line and does have a
2 comment.

3 Robert, are you there?

4 **MR. STEPHAN:** I am. Can you hear me okay?

5 **DR. ZIEMER:** Go ahead, Robert.

6 **MR. STEPHAN:** Two -- two points. With respect
7 to Dr. Worthington's letter, item -- item --
8 well, there's two items here. One is that she
9 says yes, the document is not legible enough to
10 prove the magnesium-thorium connection.

11 And then two, she says (unintelligible) coming
12 out of Mallinckrodt that went into nuc--
13 nuclear weapons were uranium and uranium
14 compounds, not magnesium/thorium alloy.

15 So two points. Number one, we're -- we're back
16 to a debate between worker testimony and an
17 illegible document. And I'm just wondering if
18 someone there can clarify whether the
19 legislation or any regulations or rules speaks
20 to what we do in this situation, and are we
21 back to a point when the workers have to have
22 this sufficient documentation to prove their
23 case. Essentially, their word is not enough.
24 And so if the statement is that the document is
25 not legible enough, that's fine. But Senator

1 Obama would like to have a clarification that,
2 per the legislation or some other rule, that if
3 a document is not legible then the workers
4 essentially are not compensated.

5 The second point is that from Dr. Worthington's
6 letter where she says the products coming out
7 of Mallinckrodt that went into nuclear weapons
8 were uranium, not magnesium/thorium alloy, was
9 -- that's fine, but Senator Obama thinks the
10 Department of Energy needs to supply us -- and
11 -- and more importantly, Dr. McKeel and the
12 petitioners, the -- the claimants -- the
13 information that they have in their possession
14 to make that decision. Not that we don't take
15 their word for it, but we just can't take their
16 word for it on such an important issue.

17 So one, Dr. Worthington, if you'll consider
18 that, we would appreciate you providing to Dr.
19 McKeel and to our office whatever information
20 you have to make this decision -- or to make
21 this statement, I should say.

22 And number two, maybe Dr. Wade or somebody
23 there to help us clarify what do we do when the
24 -- the crux of this argument is a debate
25 between worker testimony and a document that's

1 not legible.

2 **MS. WORTHINGTON:** I do need to point out --
3 this is Pat Worthington again, I hope you can
4 hear me. I do want to point out that we are
5 committed to going to (unintelligible) to get
6 further clarification to see if there is any
7 additional information that would indicate that
8 these compounds were used in nuclear weapons.
9 We -- we are committed to an addition effort
10 reaching out to (unintelligible) to see if that
11 information is available and for some reason it
12 wasn't (unintelligible) weren't aware of it.

13 **MR. STEPHAN:** Thank you.

14 **MS. WORTHINGTON:** Was that clear to everyone --

15 **DR. ZIEMER:** Okay.

16 **MS. WORTHINGTON:** -- that we are reaching out
17 to (unintelligible) on this.

18 **DR. ZIEMER:** Okay, thank you. Robert, thank
19 you for your questions and comments. I want to
20 make an observation and -- subject to
21 correction by others, but in a sense we -- we
22 seem to be ending up focusing on an issue which
23 is a DOL issue, basically. And I'm wondering,
24 and I don't know, Jeff, if you can answer this,
25 but for example, the -- the affidavits of the

1 workers that were obtained by the petitioners
2 from Dow, have those also been considered or
3 can they be considered in the DOL decision. I
4 think that's basically what Robert was asking.
5 What weight, if any, is given to the
6 affidavits; can they become part of the
7 decision-making process in addition to the
8 documents that have been cited? And again, I
9 don't -- I don't know that I want to belabor
10 this and have the Board spend a lot of time on
11 an issue which probably has to be resolved
12 between the petitioners, perhaps, and Labor. I
13 don't know, I -- maybe some others can help me
14 on this. Or Lew, can you give us direction on
15 that? It seems like we're -- we've moved into
16 an issue which is essentially a decision of --
17 of Labor, even though it has to be supplemented
18 by Energy and whatever else we can find.

19 **DR. WADE:** If I could speak very briefly, three
20 points. I believe you're correct in terms of
21 the DOL/DOE issues and the need for clear
22 communication between Dr. McKeel and those
23 agencies. And I would -- I'd like to see us
24 facilitate that. It's not our role. If we
25 could, that would be good.

1 I also think that Dr. McKeel has, to me, made
2 certain arguments that say that it is still the
3 province of the Board to act on an expansion of
4 the class for Dow Chemical workers, regardless
5 of what those agencies might do. And -- and I
6 think it would be worth the Board hearing that,
7 Dr. McKeel, just so it's on the record. So I
8 think that one might be within our purview. I
9 think you're correct on the others, though.

10 **DR. ZIEMER:** Yeah. Yeah, and I think the point
11 was made be-- in -- in previous meetings, but
12 you certainly can make it again and...

13 **DR. MCKEEL:** Well, I -- I can do that very --
14 very succinctly, I think. It is my
15 understanding from Richard Miller and others
16 that the Act itself, EEOICPA, does not preclude
17 awarding an SEC based on the residual
18 contamination period. That would be point one.
19 Nobody that I'm aware of has yet contradicted
20 that statement.

21 Point number two I think we saw in action
22 yesterday where the Board voted an SEC for the
23 second Ames Lab petition that essentially
24 covered the residual contamination period, the
25 period after the production period had ended.

1 Now the -- the difference between Ames and what
2 we're asking for Dow is there -- there are
3 several differences, but the cleanup period,
4 the renovation period of Wilhelm Hall, extended
5 over several years, whereas the cleanup period
6 at Dow Madison, you know, took only a week by
7 the Army Corps of Engineers. So there was a
8 long intervening period that is now classified
9 as residual period from 1961 to '98 at -- at
10 Dow Madison.

11 But -- but as far as this statement by
12 Department of Energy that uranium and uranium
13 products were the only products at Dow Madison,
14 we -- we have presented the Board voluminous
15 data about the extent and the amount of thorium
16 used at that -- at that plant. And the Board,
17 I don't think, contests that. We've had four
18 worker outreach meetings now giving voluminous
19 testimony about that. Transcripts of all four
20 meetings are now available. Three of them, you
21 know, are posted on the OCAS web site and we
22 have another one now from the SC&A meeting that
23 testifies to that. So I mean unless I'm
24 missing something important, if you can vote an
25 S-- SEC for Ames for the residual period, then

1 it see-- and -- and that was done without any
2 extra legal opinion from the Secretary of HHS
3 that I'm aware of. It was just done. And I --
4 I don't think there's any reason why it cannot
5 be done. So I guess that's the gist of my
6 argument.

7 Now as -- as far as it being my sole
8 responsibility to interact with Department of
9 Labor and Department of Energy, I really don't
10 think that's fair because I -- I think that the
11 first -- I think what the Board should declare,
12 and I -- how -- I certainly wouldn't even
13 suggest how to do that, but I would think a
14 legal opinion, basically, from HHS, for
15 example. That's what I thought we were going
16 to get. You know, the -- I -- we're actually
17 talking about legal opinions here that need to
18 be rendered.

19 Larry Elliott just said he could not proceed to
20 look at the thorium issues during the residual
21 period. He said that was, quote, illegal.

22 Well, then my question would be well, why -- if
23 that's illegal, why was not looking at the
24 thorium exposures for the Ames Lab during the
25 residual period also illegal? So there's a --

1 there's a major discrepancy and a logical
2 inconsistency.

3 But in any case, you know, that's something
4 that's gon-- I -- I can't resolve that with
5 NIOSH when they make a statement like that,
6 that they can't even look at the residual
7 period thorium. That -- that's -- I -- that --
8 that doesn't make logical sense to me.

9 **DR. ZIEMER:** Thank you. Actually there --
10 there is a -- a difference here and here's --
11 legal counsel's going to clarify.

12 **MS. HOMOKI-TITUS:** Well, I'm not sure that
13 legal counsel helps clarify things ever -- or
14 always, but at Ames, that was a covered
15 exposure and it was a -- so therefore NIOSH
16 could look at it. In this case, we have the
17 opinion of -- is it DOE or DOL? -- I think it's
18 DOE that the thorium is not a covered exposure
19 and that's why it's not looked at.

20 **DR. WADE:** Maybe I could just expand a bit on
21 that and -- and again, please correct me if I'm
22 wrong. I don't think anyone is debating, Dr.
23 McKeel, that SEC status can be granted for a
24 residual period. We had a discussion
25 yesterday. I think the -- the policy of the

1 Department is that during the covered period
2 both commercial and AEC dose can be used to
3 establish dose, and therefore conversely can be
4 used to determine if an SEC should be granted.
5 During the residual period it's only AEC dose
6 that can be used, and I think that's the issue
7 that -- that separates Ames from Dow Madison.

8 **DR. MCKEEL:** Well, that's true. So what really
9 needs to be -- needs to happen, since we've
10 presented lines of evidence which in each --
11 each line I think is compelling in and of
12 itself. One line is the Mallinckrodt purchase
13 orders that say that Dow Madison sold thorium
14 alloy directly to Mallinckrodt, an AEC
15 facility. I believe that Department of
16 Energy's interpretation that that does not
17 constitute an AEC activity is -- is just, on
18 the face of it, not -- not accurate because if
19 you sell products to an AEC facility that --
20 whose only job is to make atomic weapons,
21 that's all that the -- it -- Dow didn't sell
22 magnesium alloy to Mallinckrodt Chemical Works,
23 the chemical company, as a -- as a whole, which
24 made all sorts of products and still does.
25 They sold magnesium/thorium alloy to the

1 uranium division, and the only thing the
2 uranium division made was nuclear weapons,
3 period. They didn't make any other product.
4 We've also -- that's one line and -- and I say,
5 and I think the Board has said, that with your
6 own eyes you can read the letters 21A and you
7 can certainly read the words magnesium alloy on
8 that purchase order.

9 Now somebody's got to fill in the gaps whether
10 that is magnesium/thorium alloy, but we've
11 given you some reasons why we think it -- it is
12 a th-- thorium alloy.

13 Completely separate from that, as stand-alone
14 evidence, we've given you, we think, very solid
15 testimony from the workers that
16 magnesium/thorium alloy, truckloads of it, were
17 sent from Dow Madison, observed by the shipping
18 department, and were sent to Rocky Flats, AEC
19 operation. Again, Rocky Flats only made
20 nuclear weapons. That -- that was their job.
21 That was their purpose in being.

22 So, gee, I think that's pretty strong evidence.
23 And you know, we have -- as I -- don't want to
24 bore you with again, but we've outlined in
25 detail the steps we've gone through to recover

1 the missing documentation and records and we've
2 done a lot more since May the 4th to keep on
3 looking for that, including extensive
4 interactions with the Department of Energy on a
5 FOIA request to look even harder. And Regina
6 Kano and Pat Worthington have helped us a great
7 deal on that, so we've been working hard
8 together.

9 **DR. WADE:** No one refutes that.

10 **DR. MCKEEL:** Yeah.

11 **DR. WADE:** But again, the issue of covered
12 period is a DOL issue and the issue of covered
13 facility is a DOE issue, and that's where those
14 determinations --

15 **DR. MCKEEL:** I -- I underst--

16 **DR. WADE:** -- need to be made before this Board
17 or NIOSH --

18 **DR. MCKEEL:** Dr. Wade, I understand that. But
19 I've got to say one other thing and then I -- I
20 really will be quiet. But may-- maybe -- I
21 mean we're all in the business of conducting
22 high-level scientific research. I did that for
23 31 years. I wrote grants, defended them, and I
24 -- I understand the language in Paul Ziemer's
25 letter, and so does everybody at that table.

1 It was a letter to the Secretary of HHS, and
2 although we only -- I understand that you all
3 only advise and we only ask, but clearly one of
4 the directions was -- in that letter was the
5 Secretary of HHS was going to -- or going to be
6 asked or was requested to contact the
7 Secretaries of Labor and -- and Energy. And I
8 think those words are in the letter.
9 Now I don't know how else you'd construe that,
10 but that was a direct request from the
11 governing agency for this Board to the
12 Departments of Labor and Energy to work on this
13 problem. And here we are on July the 19th of a
14 letter that's been transmitted on May the 24th
15 and -- and we are told that there is a reply
16 coming through the pipeline which we haven't
17 yet gotten. So presumably when the Secretary
18 sends us his letter, we will know something
19 more.

20 What I do know, and this is something that
21 Department of Energy -- I asked them to check.
22 I said well, have you all gotten any directive
23 from Secr-- Energy Secretary Bodman, and Regina
24 wrote back and said she had checked and that
25 no, they had not. So I think it's reasonable

1 at least to be concerned why apparently -- I --
2 I understand that things may be going on in the
3 background, but pretty soon I think it's
4 reasonable to want to know what -- what has
5 been going on. So that -- that -- that's
6 really the only position I can take.
7 I'm willing to work with the Department of
8 Labor and Energy, but I -- I -- I really do
9 think, because of that letter, that -- that the
10 actions that are taken by Energy and Labor are
11 directly linked to this Board's request.
12 **DR. ZIEMER:** Thank you, Dan. And I might add,
13 it certainly is not our expectation that the
14 burden is on you to try to solve that issue.
15 In fact, that's the reason that this Board sent
16 that letter in the first place is to try to
17 assist in resolving this issue. So we -- we
18 understand that -- and -- and thank you for all
19 the documentation that you've produced that's
20 been helpful to NIOSH and to the Board in
21 considering Dow, as well as some other
22 facilities. And although you're a hard worker,
23 we don't want to have you feel like you're
24 having to do the work for the Board or for the
25 other agencies.

1 But ho-- hopefully we will get a response that
2 will allow us to move forward on this issue.
3 And again, we will -- will follow up on it, so
4 thank you very much.

5 **DR. WADE:** Lunch.

6 **DR. ZIEMER:** I think it's lunchtime.

7 **DR. WADE:** No, we're not bad.

8 **DR. ZIEMER:** Huh?

9 **DR. WADE:** We're supposed to be back at 1:30.

10 **DR. ZIEMER:** Right. We're at the lunch hour --
11 actually we're past it by about 15 minutes, but
12 try to get back here as close as you can to
13 1:30 so we can complete the rest of the agenda.
14 We're in recess then for lunch. Thank you.
15 (Whereupon, a recess was taken from 12:35 p.m.
16 to 1:45 p.m.)

17 **DR. WADE:** I'm looking at the audi-- the AV
18 guy.

19 **UNIDENTIFIED:** Hello?

20 **UNIDENTIFIED:** They're starting.

21 **UNIDENTIFIED:** I think so.

22 **DR. WADE:** Gen Roessler, are you with us?

23 **DR. ROESSLER:** Yes, I am.

24 **DR. WADE:** Thank you, Gen.

25 **DR. ZIEMER:** Thank you, Gen. So we have a

1 quorum.

2 **DR. WADE:** Yeah, we have more than a quorum.

3 **UPDATE ON STATUS OF ROCKY FLATS CASES**

4 **DR. ZIEMER:** Okay, our first item here this
5 afternoon is an update on the status of the
6 Rocky Flats claims, and Jim Neton is going to
7 present that. Dr. Neton.

8 **DR. NETON:** Thank you, Dr. Ziemer. I'll be
9 brief. I just have a few slides to update the
10 Board as to where we are with the re-- re-
11 evaluation of cases that were affected by the
12 changes that were made to the Rocky Flats site
13 profile during the deliberations for the SEC
14 process. If you recall at the last Board
15 meeting while I was on the rental car bus, I
16 was speaking to you about a time frame for that
17 and I think we committed to be -- some -- in a
18 two-month period to have this -- these cases
19 reviewed and move forward.

20 The first slide shows the number of cases to
21 NIOSH from Department of Labor in total from
22 the Rocky Flats site, and that's 1,249. Of
23 that 1,249, though, only 1,111 have required a
24 dose reconstruction. The other two column --
25 the other two in the bottom column you see,

1 there's 218 claims that are still active and 20
2 claims have been pulled. Of that 1,111, 339
3 cases have a probability of causation of --
4 that should be greater than or equal to 50
5 percent, and the remainder of 672 had a
6 probability of causation of less than 50
7 percent. So that's the universe of potentially
8 affected cases that we have to deal with in
9 implementing these changes, or evaluating these
10 changes.

11 Just to re-- refresh your memory, there were
12 four -- four changes made during the SEC
13 deliberation process to the site profile, or
14 changes committed to be made to the site
15 profile, more accurately. The first one and
16 the biggest one that affects the most cases, as
17 you'll see later, is the exposure to type super
18 S plutonium. That's the very insoluble type of
19 plutonium that provides a much larger dose to
20 the lung than the regular type S. And that has
21 been outlined, and we've discussed this with,
22 in TIB-49. And we also had begun, even prior
23 to the Board's deliberation and recommending
24 that Rocky Flats be added as a class, have
25 instituted a Program Evaluation Plan, PEP

1 Number 12, to deal with those cases on a
2 complex-wide basis. More than just Rocky Flats
3 is affected by this TIB.

4 The next two issues are the use of the 95th
5 percentile intakes for unmonitored workers, and
6 that's either for an unmonitored worker prior
7 to D&D period, or after the D&D period. These
8 are two slightly different distributions. In
9 fact, the -- the new -- the -- the coworker --
10 the coworker distribution for the D&D workers
11 is -- is slightly different. It's fairly new.
12 We added that as -- as a part of the SEC review
13 process.

14 Then the fourth one has to do with the new
15 neutron dose model for workers between January
16 1st, '67 and December 31st, 1970. That's the
17 period of -- of time in which the Board felt
18 that we could do dose reconstructions for
19 neutrons with sufficient accuracy. That's the
20 -- the very end tail of the Neutron Dose
21 Reconstruction Project data. So this is a --
22 represents a fairly small number of cases, we
23 believe.

24 I mentioned that the -- I'll go through the
25 super S in some detail because that -- that, in

1 essence, is the biggest amount of work that we
2 have to do. And in fact, that -- that re-
3 evaluation tends to subsume the other two
4 classes.

5 There's 4,490 complex-wide claims that are
6 potentially affected. That is across the
7 entire DOE -- of all the dose reconstructions
8 we've done, there's a large number. Of the 672
9 Rocky Flats cases with a POC of less than 50
10 percent we've determined that 409 are
11 potentially affected by the type super S. It
12 doesn't mean they are. It just means that we
13 can't tell on the surface at -- just by looking
14 at them on the surface. The reason that 409
15 out of 672 was they're -- not all cases were
16 necessarily reconstructed for plutonium
17 exposure. Or in fact, the super S issue really
18 affects mostly cases that were reconstructed
19 based on bioassay, urinalysis data. Cases that
20 were reconstructed from exposure models like
21 air samplers or something of that nature are
22 not affected by this change.

23 About 95 of those 409 cases had employment
24 during the SEC period. That is 250 days'
25 employment prior to 1967. I've got a couple of

1 slides to sort of winnow this down as to what
2 we're dealing with, so just bear with me. I'll
3 get to the bottom line fairly quickly.
4 Forty of those 95 claims have an SEC-covered
5 cancer and 250 days of employment, and 19 of
6 which we determined are potentially neutron-
7 exposed. That is, they were included in the
8 original NDRP project reviews, so we estimate
9 that 19 of these 409 cases might be added -- I
10 emphasize "might"; we -- you know, Labor makes
11 -- Department of Labor makes that determination
12 -- and will not need to be re-evaluated. And
13 we just have a cautionary note here that this
14 does not mean that only 19 cases will be added
15 to the SEC. This is out of this sub-population
16 that we're looking at. Okay. And there may be
17 -- and I -- I sort of want to emphasize that
18 again, that there may be other cases that --
19 that will go SEC in addition to that.
20 So the bottom line here -- I'll slip to the
21 last bullet here -- is we have 390 cases that
22 we have pulled to be re-evaluated to determine
23 the potential impact of super S, so that's --
24 that's what we're working on right now. We've
25 pulled those cases -- we've identified those

1 cases. We'll be pulling them. The tools --
2 this -- this -- fortunately the super S issue
3 lends itself to automation. And it's my
4 understanding that the tools have been
5 developed to automate this process so that one
6 can put in the -- the new model and have it
7 just recalculate the -- the data and repopulate
8 the IREP input sheet and that sort of thing.
9 And Oak Ridge Associated Universities is
10 working on that for us, so we're -- we're in
11 that process.

12 Like I said at the beginning, of the 390 cases,
13 we believe that most of the cases that are
14 affected by the coworker models are already
15 being re-evaluated in this super S because if
16 it's a coworker model, worked with plutonium,
17 it would be a super S case, as well as most
18 neutron-exposed workers were in the plutonium
19 areas. So we do believe that this 3-- I forgot
20 how many I said now, 300-plus cases that we're
21 re-evaluating now, we're going to implement
22 both the super S -- look for coworker, look for
23 neutrons, and move them out. But there will be
24 some additional cases that we'll have to pull
25 through the process.

1 We're -- we're sort of ahead of the game on
2 this because, as you know, the -- the Secretary
3 is still working on -- you know, the
4 recommendation letter just came out from the
5 Board and so this -- this -- these cases --
6 this SEC class has not yet been added, so
7 there's a little bit of uncertainty as to which
8 cases ultimately would be pulled by the
9 Department of Labor, but we're being proactive
10 in getting the jump on -- on working through
11 these through the super S cases.

12 So just a brief summary slide. We've
13 identified the population of affected cases.
14 We know what they are. We've initiated re-
15 evaluation. We've got the work tools in place
16 to do that and, as I said, we're starting with
17 the super S cases 'cause we believe that's the
18 biggest chunk of the work that we need to deal
19 with.

20 And that's -- that's it.

21 **DR. ZIEMER:** Very good, thank you, Jim. Now
22 let's see if there's any questions on Jim's
23 report -- Mike.

24 **UNIDENTIFIED:** (Unintelligible) office, can we
25 get copies of those slides?

1 **MR. GIBSON:** (Off microphone) (Unintelligible)

2 **DR. NETON:** I thought since Mark left I was off
3 the hook, but...

4 **MR. GIBSON:** On the fifth slide --

5 **UNIDENTIFIED:** I can't hear you.

6 **MR. GIBSON:** -- it states that 19 claims are
7 neutron-exposed workers and he was concerned
8 how this was determined.

9 **DR. NETON:** I -- I believe that those were
10 pulled out based on the fact that they had
11 worked in one of the -- well, they were in the
12 NDRP study. The NDRP study had -- had
13 evaluated all workers who had the potential --
14 I think under the regulatory exposure at that
15 time -- 500 millirem per year exposure. So at
16 a minimum, those 19 are going in, so we -- we
17 believe -- and in our opinion, those -- those
18 cases would be going into the SEC. But again,
19 we don't make that determination. Department
20 of Labor does that.

21 **DR. ZIEMER:** Go ahead, Mike.

22 **MR. GIBSON:** And --

23 **UNIDENTIFIED:** (Unintelligible) slide?

24 **MR. GIBSON:** -- Mark mentions he'd -- he'd
25 asked for a list of buildings which would be

1 included in the definition of monitored or
2 should have been monitored to look --

3 **DR. NETON:** Correct.

4 **MR. GIBSON:** Do you have that available yet
5 or...

6 **DR. NETON:** No, we -- we -- we need to work
7 that out with the Department of Labor. They
8 make the ultimate determination as to what is
9 in that class. We have -- certainly will be
10 collaborating with them. It's our opinion
11 that, at a minimum, it will be the workers that
12 were involved in the buildings that
13 incorporated -- that were included in the NDRP
14 study, and we talked about those buildings
15 quite a bit during the SEC process. I don't
16 have them off the top of my head. But it'll be
17 a minimum of those buildings. We need to look
18 to see if there are any other ancillary neutron
19 exposures that -- that may be included because
20 the monitoring threshold was 500 for the NDRP
21 study -- millirem per year -- and our -- the
22 definition that's -- that's employed in our
23 case is workers who had the potential to
24 receive 100 or more millirem per year. So we
25 need to make sure that we -- we've got all the

1 buildings identified, but at a minimum it will
2 be the NDRP buildings.

3 **DR. ZIEMER:** If I could follow up on that,
4 Mike, in the original evaluation report and
5 then in our recommendation, we actually had a
6 definition. But I think what you're saying is
7 that definition was not fully clear for -- for
8 Labor. Was that the issue? Or -- there was
9 some need to clarify exactly what was meant in
10 -- in the recommendation, was that the case?

11 **MR. ELLIOTT:** That is the case. We need to
12 work with -- as Jim has said, we need to work
13 with DOL and provide DOL a listing of the
14 buildings. I know that -- I think Brant Ulsh
15 is working on this --

16 **DR. NETON:** Right.

17 **MR. ELLIOTT:** -- with others, and then we will
18 approach DOL --

19 **DR. ZIEMER:** Yeah.

20 **MR. ELLIOTT:** -- with that listing and -- and
21 vet it with them.

22 **DR. ZIEMER:** I was just wondering how that
23 impacts on the Secretary's recommendation. Is
24 he having to wait for that definition?

25 **MR. ELLIOTT:** He is not having to wait for that

1 --

2 **DR. ZIEMER:** Oh, okay --

3 **MR. ELLIOTT:** -- that listing of --

4 **DR. ZIEMER:** -- this is just a matter of --

5 **MR. ELLIOTT:** -- buildings.

6 **DR. ZIEMER:** -- of clarifying it with Labor so
7 they know how to administer it.

8 **DR. NETON:** Exactly.

9 **DR. ZIEMER:** Very -- okay, thank you.

10 **MR. GIBSON:** A couple more. On that same
11 slide, Jim, it states that there's 390 re-
12 evaluations for super S, and I know you
13 mentioned -- just plug in the data. Do you
14 have a time frame on...

15 **DR. NETON:** We committed to two months and
16 we're trying to make that -- make that goal.
17 That would be next month sometime that we would
18 hope to have those reprocessed.

19 **MR. GIBSON:** Okay. And how many --

20 **DR. NETON:** I'm sure there are people cringing
21 back in Cincinnati when I say just plug it in
22 and it comes out. I -- I tend to do that a lot
23 and --

24 **DR. ZIEMER:** It looks simple to the boss.

25 **DR. NETON:** -- and that's probably an over-

1 simplification of what's done, so I'll just --
2 I'll just state that for the record.

3 **MR. GIBSON:** Okay. And then on the -- finally,
4 on the next-to-last slide, how many re-
5 evaluations for coworker intake models -- for -
6 - how many re-evaluations are needed for the
7 coworker intake models?

8 **DR. NETON:** Right. As I said, we think that
9 most of them will be picked up in the super S
10 evaluation, but it's my understanding that very
11 few cases were processed using the coworker
12 models. I think we're in the several dozens
13 range. But they've -- it -- you know, to the
14 large extent, they will be picked up in the
15 super S evaluations because the coworker model
16 was primarily applied to plutonium workers and
17 super S affects plutonium workers.

18 **MR. GIBSON:** And has the -- the number of D&D
19 worker cases been assessed yet or...

20 **DR. NETON:** No.

21 **DR. ZIEMER:** Okay, Mike. Thanks. Gen
22 Roessler, did you have a comment? We were
23 hearing some phone background.

24 **DR. ROESSLER:** No, that was somebody else on
25 the line.

1 **DR. ZIEMER:** Oh, okay.

2 **DR. ROESSLER:** Maybe they'll present their
3 question now.

4 **UNIDENTIFIED:** That was -- that was Carolyn
5 Boller from Congressman Udall's office.

6 **DR. ZIEMER:** Oh, okay. Was there a comment
7 from the Congressman's office?

8 **DR. WADE:** (Off microphone) (Unintelligible)
9 slides.

10 **MS. BOLLER:** Well, I just had asked for a copy
11 of the slides and -- and Jason has just told me
12 that we could get a copy.

13 **DR. ZIEMER:** Oh, okay. So that's been taken
14 care of.

15 **MS. BOLLER:** Correct.

16 **DR. ZIEMER:** Thank you very much. We'll make
17 sure that happens --

18 **MS. BOLLER:** I do have one other question,
19 though. When -- when they do the vote on the
20 Rocky Flats SEC petition, were all members of
21 the Board available or do we have some that did
22 not vote?

23 **DR. ZIEMER:** We have one person that did not
24 vote. That is Dr. Poston. Under the Board
25 procedures, we will be officially obtaining his

1 vote and that will show up in the final vote
2 count.

3 **MS. BOLLER:** Okay.

4 **DR. ZIEMER:** I believe that was -- I believe
5 that was the only one -- yes. Dr. Melius.

6 **DR. MELIUS:** And can I ask an update -- sort of
7 the status of where we are with letters and so
8 forth on Rocky Flats, official letters to the
9 Secretary and --

10 **DR. ZIEMER:** The letters have gone to the
11 Secretary.

12 **DR. MELIUS:** They've gone, okay, so
13 (unintelligible) --

14 **DR. ZIEMER:** Yeah, they went out 21 days after
15 the previous meeting, so whatever that was, but
16 I thought I'd distributed those to all the
17 Board members.

18 **MS. MUNN:** You did. We got two together.

19 **DR. MELIUS:** We saw a draft, we didn't see a
20 distribution.

21 **DR. ZIEMER:** Well, it basically went out the
22 next day, I --

23 **DR. MELIUS:** No, I understand.

24 **DR. ZIEMER:** -- got no comments back on
25 changing the -- the -- or editorial things, so

1 --

2 **DR. MELIUS:** Oh, okay.

3 **DR. ZIEMER:** -- yeah, that's...

4 **DR. WADE:** Secretary's deadline is August 6th.

5 **DR. MELIUS:** Okay.

6 **DR. ZIEMER:** Yeah. But those letters all went
7 out.

8 Okay, any other questions for Dr. Neton on this
9 report?

10 **DR. WADE:** I assume the Board would want to
11 hear an update on -- when next it meets by
12 telephone on September -- 6th, is it?

13 **MS. MUNN:** 4th.

14 **DR. WADE:** On Sep-- the early September phone
15 call -- excuse me, September 4th, we'll hear an
16 update from Jim then.

17 **DR. ZIEMER:** Okay, thank you. Thank you, Jim.

18 **REVIEWS OF SEC WRITE UPS**

19 Our next item is entitled review of SEC
20 writeups. That really is the review of our --
21 our motions that were acted on earlier in the
22 meeting. So let's go back -- we have --
23 actually we have the -- the Chapman and the
24 Bethlehem --

25 **DR. WADE:** Ames, Chapman and the --

1 **DR. MELIUS:** Well --

2 **DR. ZIEMER:** Well, we have a motion pertaining
3 to Bethlehem --

4 **DR. MELIUS:** Yeah.

5 **DR. ZIEMER:** -- that we agreed that we would
6 get --

7 **DR. WADE:** Right.

8 **DR. ZIEMER:** -- the final wording on.

9 **DR. WADE:** We have it, yeah, we --

10 **DR. MELIUS:** I -- I'm -- just let me pass
11 around a couple of documents, but let me
12 explain. First I have the Ames draft and the
13 motion relevant to Bethlehem. They're to--
14 they're sort of together here. They're
15 collated and I'll pass those around.
16 And I have a Hanford draft that I will pass
17 around to everybody.

18 **DR. ZIEMER:** Right, and then -- then we'll have
19 a Chapman Valve -- were we able to get that to
20 -- to -- we have it on a flash disk. I wonder
21 if we could get that -- we'll get that printed
22 here in a moment and have final copies ready.

23 **DR. MELIUS:** I've got copies --

24 **DR. ZIEMER:** Is this -- this first act-- oh,
25 okay, this is Ames.

1 **DR. MELIUS:** Yeah, they're such -- so I was
2 keeping (unintelligible) down here so...

3 **DR. ZIEMER:** The Ames is a two-pager. Right?

4 **MS. MUNN:** (Off microphone) No,
5 (unintelligible) --

6 **DR. MELIUS:** No, the Ames is -- has another one
7 with it, which is the Bethlehem motion.

8 **DR. ZIEMER:** Oh --

9 **DR. MELIUS:** There's two pages there.

10 **DR. ZIEMER:** -- the second page is the
11 Bethlehem motion, okay.

12 **DR. MELIUS:** The second page is the Bethlehem.
13 LaShawn sort of collated them together when she
14 gave them to me, so...

15 **DR. ZIEMER:** Now I believe on the -- both the
16 Ames draft and the Hanford draft, we actually
17 approved those in the -- in the form that
18 you've given us here.

19 **DR. MELIUS:** Yeah, and I have two minor change-
20 - a minor change in each one of those --

21 **DR. ZIEMER:** Okay.

22 **DR. MELIUS:** -- that I'd like to...

23 **DR. ZIEMER:** So once everybody gets those,
24 point those out and we're going to probably
25 rule those as being friendly changes not

1 requiring an official vote.

2 **DR. MELIUS:** They're -- they're friendly
3 changes with assistance from NIOSH. These are
4 just clarifications that NIOSH staff requested.
5 On the Ames draft in the second bullet, towards
6 the bottom of the page under "This
7 recommendation is based", it says "The NIOSH
8 review", it's that bullet. Go to the third
9 line down, starts with "necessary to conduct
10 accurate", I want to insert the word "internal"
11 so it would now read "necessary to conduct
12 accurate individual internal dose
13 reconstructions for thorium".

14 **DR. ZIEMER:** Okay, thank you.

15 **DR. MELIUS:** That one. And on Hanford, if you
16 go to the -- this is a slight change to the
17 definition -- the cohort definition. It's
18 under -- where -- it's about the middle of that
19 second paragraph under there where it talks
20 about the 300 Area fuel fabrication, that line.
21 So the line starts "Works in: the 300 Area fuel
22 fabrication facilities". I want to change that
23 to read "the 300 Area fuel fabrication and
24 research facilities from October 1st", et
25 cetera. I think NIOSH just felt that that --

1 DR. ZIEMER: Is more inclusive. Right?

2 DR. MELIUS: More inclusive, just to clarify
3 that they weren't limiting to just the --

4 DR. ZIEMER: Right.

5 DR. MELIUS: -- fuel fabrication and --

6 DR. ZIEMER: Right.

7 DR. MELIUS: -- the addendum or supplement to
8 the report that -- the evaluation report that
9 they are producing will include the same
10 clarification in it, so...

11 MS. MUNN: (Off microphone) (Unintelligible)

12 DR. ZIEMER: Okay.

13 DR. MELIUS: Yeah.

14 DR. ZIEMER: So with those changes, and since
15 we have already voted on this in the form that
16 it's given here, I don't think it's necessary
17 to -- to vote. You have this for your record.

18 DR. MELIUS: Yeah.

19 DR. ZIEMER: Are there copies available for the
20 public if they --

21 DR. MELIUS: Yeah, I think --

22 DR. ZIEMER: They are on the table and --

23 DR. MELIUS: -- (unintelligible) in the back,
24 yeah.

25 DR. ZIEMER: -- members of the public, if you

1 do pick those up, I'll ask you to do two
2 things. One is to put a date on the top and
3 the other is to make those two minor changes in
4 the wording that Dr. Melius has suggested.
5 Okay, let's go to the Bethlehem document, and
6 this one will require a vote since we did not
7 vote on it.

8 **DR. WADE:** Just finishing on Ames and Hanford,
9 on Ames Paul and I will seek the Clawson vote;
10 on Hanford we'll seek the Lockey and Clawson
11 votes.

12 **DR. ZIEMER:** Right. Thank you. Okay, Jim, why
13 don't you read this for the record --

14 **DR. MELIUS:** Okay.

15 **DR. ZIEMER:** -- the Bethlehem vote --

16 **DR. MELIUS:** Yeah.

17 **DR. ZIEMER:** -- or Bethlehem motion.

18 **DR. MELIUS:** Motion. I move the action -- that
19 action on the Bethlehem Steel SEC evaluation
20 report be postponed and the Board establish a
21 working group on the use of surrogate data,
22 parentheses, data from other facilities, in
23 dose reconstructions. The workgroup should
24 examine NIOSH procedures, TIBs and site
25 profiles to catalog the nature of the use of

1 surrogate data in the dose reconstruction
2 process, evaluate this use, and make a report
3 to the Board that would include a framework for
4 the appropriate use of surrogate data and
5 recommendations for possible changes to current
6 NIOSH procedures. Once the workgroup has
7 reported back to the full Board on this issue,
8 the Board will reconsider the Bethlehem SEC
9 evaluation.

10 **DR. ZIEMER:** So that is the -- the motion. I
11 do want to ask for a clarification on the last
12 sentence 'cause one might interpret that as
13 being occurring at the very tail end of a
14 working group that could go on for an extended
15 period of time. So can we clarify that last
16 sentence?

17 **DR. MELIUS:** It is meant specifically to say
18 once it is reported back, and I would think
19 that it would report back multiple times, and
20 so at any time that we thought it was
21 appropriate to --

22 **DR. ZIEMER:** So once a report has occurred,
23 that's a --

24 **DR. MELIUS:** Yeah, I --

25 **DR. ZIEMER:** -- a potential trigger point.

1 **DR. MELIUS:** -- I don't want to, you know,
2 limit it or -- it's -- it's open, yeah.

3 **DR. ZIEMER:** Yeah, I -- so within the context
4 and -- and -- the motion itself has a context,
5 so if that question arises, that will show up
6 in the minutes that this is -- this is not a
7 stipulation that -- that the Board cannot act
8 until this workgroup has fully completed all of
9 its work --

10 **DR. MELIUS:** Yeah, yeah.

11 **DR. ZIEMER:** -- which could go on for a while.

12 **DR. MELIUS:** Yeah, I mean I actually think the
13 Board could really act at any point in time --
14 yeah, yeah, it's -- we're just taking --

15 **DR. ZIEMER:** I understand.

16 **DR. MELIUS:** -- making an action at this time
17 and -- but...

18 **DR. ZIEMER:** So let's reopen this one now. We
19 -- we did not vote on it so it's still open for
20 discussion. Is there any -- are there
21 questions or comments or discussions?

22 **MR. PRESLEY:** Was there a second?

23 **DR. ZIEMER:** There was a second already on
24 this, I think.

25 **MR. PRESLEY:** Oh, was there?

1 **DR. ZIEMER:** I don't recall.

2 **MR. GIBSON:** Second.

3 **DR. ZIEMER:** You did second? If -- if it was
4 not already seconded, Mike Gibson has re-
5 seconded it. So anyone wish to ask a question,
6 make a comment, or speak for or against the
7 motion? John.

8 **DR. POSTON:** I just want to reiterate what I
9 already said yesterday. Each one of these SECs
10 is site-specific. The use of surrogate data is
11 site-specific. And unless this charge is to
12 the workgroup to examine all the sites, it
13 seems to me that it's just delaying the effort.
14 We've had testimony from Congressmen, Senators,
15 staffers, petitioners urging us to get on with
16 it -- with making these decisions, you know,
17 either compensating the people or making the
18 decision they're not compensable. To me, this
19 is just an attempt to delay what NIOSH is doing
20 quite well. We do evaluate the use of
21 surrogate data, SEC does, the workgroups do
22 when they look at the -- into SECs. I don't --
23 don't see any need for this -- this delaying
24 tactic. This thing could take forever and I'm
25 very much opposed to it.

1 **DR. ZIEMER:** Okay, thank you. So you're
2 speaking against the motion and -- okay, and
3 Dr. Melius --

4 **DR. MELIUS:** And I would -- well, disagree with
5 the characterization. This is not a delay
6 tactic. I -- I would just say that yeah, I
7 would agree that the application and the use of
8 surrogate data is made on an individual site
9 basis, but I think there are some principles
10 that can be derived that would help to guide
11 our use and make our -- our use more consistent
12 from site to site, and I think that's what
13 we're -- we would be aiming for. And I think
14 we've done that in other -- other instances
15 within this program. We realize that it's
16 individual dose reconstruction, but it's guided
17 by certain procedures and so forth and we try
18 to maintain consistency.

19 We also developed a procedure -- guidelines for
20 the evaluation -- overall evaluation of SEC
21 evaluations, and that was also something
22 recognizing that those -- our review would be
23 individual, but would provide sort of an -- an
24 overview of what steps would be taken and
25 guidance on that that would be applied in

1 individual cases. And I think it's been -- I
2 hope -- believe it's been found to be helpful
3 and that's what we would be looking for with
4 this -- this effort, also.

5 **DR. ZIEMER:** Okay, thank you. Other comments,
6 pro or con? John, another comment?

7 **DR. POSTON:** Well, sin-- since, as I said, the
8 sites are different, then the establishment of
9 consistency is going to be small. There's
10 going to be very little consistency among the
11 sites. Certainly sites that handled uranium
12 are going to be different than sites that
13 handled plutonium, et cetera. But no, to me,
14 we already have a situation in place where SC&A
15 looks at it, we -- working group look at it.
16 As I said yesterday, my working group certainly
17 with Chapman Valve went down that road because
18 at the time we didn't have any data. We fir--
19 we worked together with NIOSH and SCA and the
20 working group --

21 **DR. MELIUS:** Uh-huh.

22 **DR. POSTON:** -- and then when we did find the
23 information, we put that aside. But had we not
24 been able to find that information, we would
25 have used surrogate data.

1 **DR. MELIUS:** Uh-huh.

2 **DR. POSTON:** And every site is different, and
3 so the consistency of the procedure is going to
4 be very lacking, in my opinion.

5 **DR. ZIEMER:** Okay, thank you. Wanda Munn.

6 **MS. MUNN:** Another repetition of -- of my
7 concerns from yesterday. I just think these
8 two issues should be separated. I am very
9 hesitant to tie a working group who's looking
10 at surrogate data specifically to any one site,
11 and especially to the Bethlehem site. So I
12 have no objection to having a workgroup pursue
13 the concept of surrogate data. We've discussed
14 that. But I really hesitate, personally, to
15 tie it to Bethlehem.

16 **DR. ZIEMER:** Other comments, pro or con?

17 **MS. HOMOKI-TITUS:** (Off microphone)

18 (Unintelligible)

19 **DR. WADE:** My procedural sense is no, in that
20 this would not constitute a recommendation to
21 the Secretary, but I stand guided by the Board.
22 I think several members have left their vote --
23 intention of their vote with Board members, but
24 if a Board member does -- has not signaled
25 their vote, I'm not sure I would pursue it, but

1 **DR. MELIUS:** By -- by the way, Mark is on his
2 way back. His flight got canceled and he's --
3 he'll be returning to the hotel for -- for the
4 evening so maybe he can speak for himself --

5 **DR. WADE:** And here he is now. That'd be
6 funny.

7 **DR. ZIEMER:** You should have said Mark has come
8 back to vote on this particular... Yeah,
9 Robert.

10 **MR. PRESLEY:** I voice -- voice my opinion as I
11 did yesterday. I, too, do not believe that
12 this should be tied to a single point. I
13 believe we have a site profile or an SEC --
14 site profile, and then we do have a -- a -- a
15 new working group started. I have no problem
16 with the new working group. I think that needs
17 to be done. I just don't want to tie that to
18 an end result for an SEC.

19 **DR. ZIEMER:** Let me -- let me ask the group
20 this, because -- and this is within Robert's
21 Rules. There is a provision on -- on motions
22 which have a level of complexity that the
23 motion be divided. It actually takes a motion
24 to do that, but a motion to divide would be one
25 that would separate these two issues. A motion

1 to divide supersedes the motion that's on the
2 floor, just like a -- an amendment. And so the
3 Chair, recognizing that there's some difference
4 in opinion, the way we resolve that is to
5 suggest, if -- if the members so wish, to -- to
6 have a motion to divide the issues, and then
7 that is voted up or down. That's one way to
8 approach it. You may not wish to do that, but
9 that's a possibility.

10 Wanda?

11 **MS. MUNN:** I'm certainly willing to make such a
12 motion, if it's not going to stall things for
13 the rest of the Board.

14 **DR. ZIEMER:** I'm not urging that be done, I'm -
15 - I'm --

16 **MS. MUNN:** No, I'm --

17 **DR. ZIEMER:** -- trying to find a path forward
18 in --

19 **MS. MUNN:** That would be --

20 **DR. ZIEMER:** -- terms of this issue.

21 **MS. MUNN:** -- my preference, personally.

22 **DR. ZIEMER:** That's -- are you making such a
23 motion or --

24 **MS. MUNN:** I will be glad to do that. I make a
25 motion that we separate the tabling of the

1 Bethlehem SEC evaluation from the establishment
2 of a workgroup to study surrogate data.

3 **MR. PRESLEY:** I'll second the motion.

4 **DR. ZIEMER:** And that's seconded, so now the
5 discussion is on separating these two issues
6 and voting them separately. Discussion?

7 **DR. MELIUS:** Yes, I -- I just think that's
8 going to complicate things. I mean I think we
9 can predict what will happen. We're not going
10 to be able to reach an agreement on Bethlehem
11 with a -- with a vote and -- at this meeting
12 and I think -- by putting them together, I
13 think -- at least I can speak for myself
14 personally that -- that, you know, based on,
15 you know, some development of guidance within
16 this workgroup and significant progress, I
17 think we would be able to reach a better
18 agreement and understanding on going forward
19 and be able to -- hopefully to resolve the
20 Bethlehem issue. And you know, if we're going
21 to get tied up in -- I mean it's going to be
22 the same outcome. I don't -- I don't think it
23 makes all that much difference, but we're going
24 to be tied up here doing a whole series of
25 motions and I think this was offered as the

1 most straightforward way of trying to resolve
2 this issue. And I don't think, in terms of
3 timing or anything, it -- it, you know, frankly
4 makes any -- any difference in terms of when we
5 would be able to reconsider Bethlehem. I
6 believe that this workgroup could make
7 significant progress by the October meeting and
8 we'd see where we stand there and if we're
9 ready, then we can go ahead and -- and deal
10 with Bethlehem.

11 **DR. ZIEMER:** Okay. Robert, do you have another
12 comment or --

13 **MR. PRESLEY:** (Off microphone) (Unintelligible)

14 **DR. ZIEMER:** Wanda?

15 **MS. MUNN:** Jim, did I understand you to say
16 that you didn't think we could reach consensus
17 on tabling the Bethlehem SEC?

18 **DR. MELIUS:** Well, I -- I -- on a -- on a
19 recommendation to the Secretary on the
20 Bethlehem.

21 **MS. MUNN:** Oh, well, I'm not suggesting that we
22 address anything to the Secretary at this
23 meeting. I'm suggesting that we table the
24 Bethlehem SEC.

25 **DR. MELIUS:** Well, I --

1 other motion -- right now the other motion
2 would be once the workgroup has reported back
3 to the full Board on the issue, the Board will
4 reconsider the Bethlehem SEC evaluation. That
5 motion would be put aside if there were a
6 motion to table the Bethlehem SEC. I simply
7 give you that by way of information.

8 **MR. PRESLEY:** I'll make that motion.

9 **DR. ZIEMER:** Your motion -- your motion is to
10 table action on the Bethlehem Steel SEC.

11 **MR. PRESLEY:** That's correct.

12 **DR. ZIEMER:** Is there a second?

13 **MS. MUNN:** Second.

14 **DR. ZIEMER:** And seconded. This motion is not
15 subject to discussion. We will vote
16 immediately. All in favor, say aye.

17 (Affirmative responses)

18 Opposed?

19 (No responses)

20 And Gen Roessler?

21 **DR. ROESSLER:** Aye.

22 **DR. ZIEMER:** Aye. The motion carries. So
23 overall, the result is the same, but we have
24 separated the two issues.

25 **MR. PRESLEY:** Bethlehem Steel could come back

1 (unintelligible).

2 **DR. ZIEMER:** Well, it probably could anyway,
3 but at least --

4 **MS. MUNN:** Yeah.

5 **DR. ZIEMER:** -- it's separated. Thank you very
6 much.

7 **DR. WADE:** Well, now procedurally, do you want
8 me to seek additional votes on the vote to
9 separate?

10 **DR. ZIEMER:** I'm going to -- I'm going to make
11 a ruling on that. The Chair's ruling can be
12 challenged by the assembly, but my ruling is
13 that that doesn't rise to the level that
14 requires it. And as a practical matter, we
15 can't function on this with -- without those
16 others being here, so I'm going to rule that
17 it's not required for either of these.

18 **DR. WADE:** For either of all three of the votes
19 you've just taken.

20 **DR. ZIEMER:** Right.

21 **DR. WADE:** Okay.

22 **DR. ZIEMER:** That is on -- on -- on this.

23 **DR. WADE:** Right.

24 **DR. ZIEMER:** Josie?

25 **MS. BEACH:** Is it possible to go ahead and

1 establish the workgroup at this time?

2 **DR. ZIEMER:** Yeah, we'll finish up the --

3 **MS. BEACH:** The rest of --

4 **DR. ZIEMER:** -- the motions and we'll do the
5 workgroup in -- shortly, yeah. Thank you.

6 Then we have the Chapman Valve draft that's
7 been distributed. John, since we did not have
8 the wording on this previously, we had -- we
9 had the general vote but we did not have the
10 detailed wording, could you go ahead and read
11 it into the record?

12 **DR. POSTON:** Recognize that this is the first
13 time I've done one of these so there might be
14 lots of changes necessary.

15 The Board recommends that the following letter
16 be transmitted to the Secretary of DHHS within
17 21 days. Should the Chair become aware of any
18 issue that, in his judgment, would preclude the
19 transmittal of this letter within that time
20 period, the Board requests that he promptly
21 informs the Board of the delay and the reasons
22 for this delay, and that he immediately works
23 with NIOSH to schedule an emergency meeting of
24 the Board to discuss this issue.

25 The Advisory Board on Radiation and Worker

1 Health, the Board, has evaluated SEC Petition
2 00043 concerning workers at the Chapman Valve
3 Manufacturing Company under the statutory
4 requirements established by EEOICPA and is
5 incorporated -- and incorporated into 42 CFR
6 Section 83.13. The Board respectfully
7 recommends Special Exposure Cohort status be
8 denied to all individuals in this petitioner
9 class who worked at Chapman Valve Manufacturing
10 Company in Indian Orchard, Massachusetts from
11 January 1st, 1948 through December 31st, 1949
12 and from January 1st, 1991 through December
13 31st, 1993. The Board agrees that NIOSH has
14 sufficient information regarding these
15 activities to provide bounding doses for this
16 class of workers. NIOSH believes that they are
17 able to reconstruct components of the internal
18 dose and all external doses; the Board agrees
19 with this conclusion.

20 This recommendation is based on the following
21 factors: The activities and the potential
22 exposures at the Chapman Valve were carefully
23 documented in the detailed report prepared by
24 the H. D. Ferguson Company. The NIOSH review
25 of the available monitoring data, as well as

1 the available source term and other
2 information, found that they possessed adequate
3 information necessary to -- I'm sorry, there's
4 a misspelling there -- to bound -- oh, to pro--
5 should say information necessary to provide
6 bounding and claimant-favorable estimates of
7 the doses during the time period in question.
8 The Board agrees with this conclusion.
9 Enclosed is supporting documentation from the
10 recent Advisory Board meeting held in Richland,
11 Washington where the special cohort was
12 discussed. If any of these items are
13 unavailable at this time, they will follow
14 shortly.

15 **DR. ZIEMER:** Okay, so the --

16 **DR. POSTON:** Oh, there's a --

17 **DR. ZIEMER:** -- editorial is to add the word
18 "provide" --

19 **DR. POSTON:** Right.

20 **DR. ZIEMER:** -- in -- in the third line of the
21 second bullet.

22 Now let me again remind the Board that this --
23 this motion would only go forward if the
24 Clawson vote were yes. Otherwise, this is a
25 moot point. There would be no majority, either

1 way. If Clawson votes no on this motion, it is
2 a six-six and we have no action, would be my
3 understanding.

4 Now comment?

5 **DR. MELIUS:** Yeah -- no, I want to offer a
6 friendly amendment to an unfriendly motion --
7 I'm against the motion -- but I think on behalf
8 of NIOSH, they asked one clarification. I
9 think they're so used to me doing the letters,
10 they --

11 **DR. POSTON:** That they gave it to you.

12 **DR. MELIUS:** -- assumed -- but if you go into
13 the second paragraph, the second to last line
14 where it says "reconstruct components of the
15 internal dose", they want to change that to
16 "reconstruct all components of the internal
17 dose".

18 **DR. POSTON:** Okay.

19 **DR. MELIUS:** And then all external doses. I
20 think that --

21 **DR. POSTON:** Okay, yeah.

22 **DR. ZIEMER:** That's correct.

23 **DR. MELIUS:** Okay.

24 **DR. ZIEMER:** Thanks.

25 **DR. POSTON:** Or we could strike the second

1 "all".

2 **DR. MELIUS:** Yeah.

3 **DR. POSTON:** Either way.

4 **DR. ZIEMER:** Now we have already voted on this
5 motion so this is just for editorial purposes
6 so you have it. Again I instruct you that the
7 -- the instruction to the Chair will have no
8 force if Clawson votes no, so we all understand
9 that.

10 **DR. POSTON:** Okay.

11 **DR. ZIEMER:** And if -- if that is the case,
12 this -- the outcome will be reported back at
13 our next meeting, which would be the phone
14 meeting, and then we can decide where to go
15 from there.

16 Larry, comment?

17 **MR. ELLIOTT:** I just want to ask a question for
18 completeness and clarity of the record. It
19 seems to me there might be one other option. I
20 don't know that it would play out this way, but
21 what -- what -- in case he abstains, what
22 happens in -- you know, he could abstain, I
23 guess, and then the motion would still carry
24 forward.

25 **DR. ZIEMER:** In the case of an abstention, then

1 it would go forward.

2 **DR. WADE:** Larry was just making sure that all
3 possibilities were enumerated.

4 **DR. ZIEMER:** And I will double-check that with
5 -- with Robert's Rules because one might argue
6 that -- that the vote is six out of 12. See
7 what I'm saying? But normally the view is that
8 in -- in -- in effect, an abstention goes with
9 the majority, or has that effect, and I will
10 double-check that in case that occurred. I --
11 I think from -- actually Lew and I have had a
12 preliminary discussion with Brad to let him
13 know that we will be seeking his vote and we
14 will provide the exact wording of the motion
15 for him so that he has that before him when he
16 gives his vote. But my understanding is that
17 Brad intends to vote, and so we'll -- I don't
18 expect there to be that abstention, but --

19 **DR. WADE:** (Off microphone) (Unintelligible)
20 Board's rules.

21 **MS. HOMOKI-TITUS:** (Off microphone)
22 (Unintelligible) speak to recusal.

23 **DR. WADE:** Counsel tells me -- I -- I do recall
24 from Dr. Melius's reading this morning that --
25 that the Board rules do speak to recusal.

1 Shall I read it all or -- let me go back to it
2 then.

3 **MS. HOMOKI-TITUS:** (Off microphone)

4 (Unintelligible)

5 **DR. WADE:** Yeah, sorry. Why don't you just
6 give us the sense of it rather than me reading
7 it?

8 **MS. HOMOKI-TITUS:** (Off microphone) Okay. You
9 want me to go to the microphone?

10 **DR. WADE:** Yeah, please.

11 **MS. HOMOKI-TITUS:** The Board's procedure, as
12 Dr. Melius indicated this morning, speaks to
13 what an eligible member is, and it says
14 eligible members are defined as those whom (a)
15 have not been required to recuse themselves
16 from participating in the discussions regarding
17 issues at hand; those who have not been -- have
18 not abstained from a specific vote; or those
19 who may not be available to participate in a
20 given vote. So an abstention would not count.

21 **DR. ZIEMER:** So if they abstain, it removes
22 them from the count, yeah.

23 **MS. HOMOKI-TITUS:** Right.

24 **DR. WADE:** Correct.

25 **DR. ZIEMER:** I think that completes our review

1 of the SEC writeups.

2 **DR. WADE:** And a fine review it was.

3 **DR. ZIEMER:** It's 2:30.

4 **DR. WADE:** We're a little ahead of schedule.

5 **BOARD WORKING TIME**

6 Board working time.

7 **DR. ZIEMER:** Okay, we have several items to
8 come before us on the Board working time, the
9 first of which is the appointment of a working
10 group for this task that we just defined.
11 Typically we like to have four members on the
12 working group. The Chair does the appointing.
13 I would like to -- I always like to get
14 volunteers on these and then try to make sure
15 that we get some balance of various backgrounds
16 in the workgroups. So Josie, you're
17 interested. Wanda is interested.

18 **MS. MUNN:** I guess primarily because I'm
19 already working with other procedures and it
20 seems to mesh --

21 **DR. ZIEMER:** Okay.

22 **MS. MUNN:** -- in some way.

23 **DR. ZIEMER:** So we've got those two. Phil is
24 interested, okay. Anyone else interested?

25 We'll have to hear from --

1 **DR. WADE:** Dr. Lockey.

2 **DR. ZIEMER:** You -- you have those three names
3 and we'll -- I'll -- I'll seek a fourth if it's
4 not volunteered. We don't have to actually
5 make the appointment here today fully. The
6 Chair can make the appointment, so I'll check
7 with others, see if there's anyone else
8 interested. If not, I'll twist some arms and
9 we'll -- we'll come up with a fourth person.

10 **DR. WADE:** And at the same time you'll
11 designate a chair?

12 **DR. ZIEMER:** And designate a chair. Okay? And
13 as soon as that's done, that workgroup can
14 proceed and -- and set up a work time for their
15 first meeting.

16 Next item, I have distributed team assignments
17 for set eight of the dose reconstructions.
18 I've given a copy to SC&A. I will also e-mail
19 a copy to Kathy so she has that in electronic
20 form. Let's see, Stu, we --

21 **MR. HINNEFELD:** You got one?

22 **DR. ZIEMER:** -- give you a copy here so NIOSH
23 has it. There are 30 cases here. I'm --
24 rather than spend any time here today, I'm
25 going to ask you -- and I'll ask Lew to help on

1 **DR. WADE:** Have a letter from Senator Obama.
2 Jason's --

3 **DR. ZIEMER:** Yes, this -- this letter I think
4 deals with -- is it Granite City, General Steel
5 Industries, or...

6 **MR. BROEHM:** Yes, this one does, and I have a
7 separate letter to read I guess during your
8 talk about future meeting dates --

9 **DR. ZIEMER:** Okay.

10 **MR. BROEHM:** -- 'cause there's an issue there,
11 as well.

12 **DR. ZIEMER:** Proceed.

13 **MR. BROEHM:** So this is from Senator Barack
14 Obama from Illinois. (Reading) Dear Dr.
15 Ziemer, as you are most likely aware, NIOSH
16 recently completed its TBD-6000 appendix for
17 General Steel Industries, GSI, one of several
18 former nuclear weapons facilities in Illinois
19 covered by the Energy Employees Occupational
20 Illness Compensation Program Act.
21 I understand the Advisory Board on Radiation
22 and Worker Health is meeting this week, and one
23 of the items you will discuss is GSI. I would
24 like to formally request the Advisory Board
25 task your auditor, Sanford Cohen & Associates,

1 with performing a full evaluation of TBD-6000.
2 I'm sure you will agree that we owe it to the
3 workers and their survivors to make sure every
4 available tool has been utilized to ensure the
5 process by which their claims are being
6 adjudicated is credible and fair. Sincerely,
7 Barack Obama, United States Senator.

8 **DR. WADE:** And with knowledge of that coming, I
9 had asked John Mauro to familiarize himself
10 with that TBD and any others that might be
11 relevant within the same context, so John is
12 prepared to speak to this, as the Board might
13 wish.

14 **DR. ZIEMER:** John?

15 **DR. MAURO:** Yes, I read TBD-6000 and 6001.
16 Bottom line, they are a compendium of
17 information dealing with uranium, the -- 6001
18 deals with the front end of the process where
19 you're talking ore and you're processing it.
20 The back end of the -- of the process, I -- is
21 where you have the actual ingot and you're
22 using it and you're working the metal, similar
23 to the types of things that were done at
24 Simonds Saw and other of these metal processing
25 facilities.

1 And yes, we are -- we've seen a lot of the
2 material before. It's a compendium of material
3 that we have reviewed in various capacities and
4 -- but there is also quite a bit of new
5 material which has been integrated, and we are
6 prepared to perform a review of both of those
7 TBDs and we do have adequate budget within Task
8 III to perform them this fiscal year within
9 this fiscal year's budget.

10 **DR. ZIEMER:** Okay, thank you. Board members,
11 what is your feeling in terms of establishing a
12 workgroup? Any objections to that?

13 **DR. WADE:** You have a procedures workgroup.

14 **MS. MUNN:** (Off microphone) Uh-huh
15 (unintelligible) procedures workgroup.

16 **DR. ZIEMER:** This -- this is the --

17 **MS. MUNN:** Uh-huh, this is the --

18 **DR. ZIEMER:** This is a GSI --

19 **MS. MUNN:** -- the GS--

20 **DR. ZIEMER:** -- 6000 workgroup or something
21 then, is --

22 **MS. MUNN:** It's a TBD, not a TIB.

23 **DR. ZIEMER:** Well, okay, I --

24 **MS. MUNN:** I think.

25 **DR. ZIEMER:** -- it's not clear to me. What

1 it's calling for is a workgroup on GSI, I
2 think, but maybe that -- the focus is on a
3 procedure, so maybe that gets covered.

4 **DR. WADE:** Well, let's talk about this subject.
5 My interpretation -- well, Stu, don't let me
6 (unintelligible).

7 **MR. HINNEFELD:** I just wanted to offer, for
8 everybody's -- make sure everybody's clear on
9 this, there's an appendix to 6000 that is
10 specific to General Steel, and I bel-- I think
11 it's brand new. I don't know if it's even on
12 the web site yet. But --

13 **DR. ZIEMER:** Yeah, and that's what he --

14 **MR. HINNEFELD:** Okay, so it's on the web --

15 **DR. ZIEMER:** -- that's what he's referring to
16 is this appendix.

17 **MR. HINNEFELD:** That's what Senator Obama is
18 referring to and so --

19 **DR. ZIEMER:** Is that appendix.

20 **MR. HINNEFELD:** -- that's the additional part
21 that I think he's specifically asking about.

22 **DR. WADE:** Has SC&A reviewed TBD-6000?

23 **MR. HINNEFELD:** Well, they -- he's looked at
24 6000, but he's not looked at the General Steel
25 appendix --

1 **DR. WADE:** Oh, okay --

2 **MR. HINNEFELD:** -- for 6000.

3 **DR. WADE:** -- we'll let him speak.

4 **DR. MAURO:** To help out a little in
5 anticipation of this question, I've read both
6 documents. However, I did not have access to
7 the full suite of appendices so I haven't read
8 the appendices, so I know in general what the
9 two documents contain, but I have not
10 critically reviewed them, nor have I looked at
11 at all any of the appendices.

12 **DR. WADE:** Right, so SC&A has not been tasked
13 with reviewing TBD-6000 or 6001.

14 **DR. MAURO:** No, we have not.

15 **DR. WADE:** Right.

16 **DR. ZIEMER:** Jim?

17 **DR. NETON:** Maybe just to reiterate a little
18 bit of what Stu said and clarify, the GSI
19 appendix is a stand-alone document that deals
20 primarily with the -- the Betatron sources and
21 the other X-ray sources at GSI, which I believe
22 is what the -- Senator Obama's letter is
23 addressing. It's -- the -- the generic 6000
24 and 6001 TBDs are -- are complex-wide documents
25 that address over 100 -- or attempt to address

1 over 100 AWEs, so that one might be more
2 applicable to review in this other subcommittee
3 than --

4 **DR. ZIEMER:** In the subcommittee, yeah --

5 **DR. NETON:** Right, 'cause that -- that's a
6 generic TBD to address generic issues regarding
7 uranium processing when -- when you don't have
8 monitoring data. The GSI appendix is a stand-
9 alone document that -- that addresses the
10 issues that are unique to -- to GSI.

11 **DR. WADE:** Could there be a meaningful review
12 of the appendix without the review of the
13 document 6000?

14 **DR. NETON:** Absolutely.

15 **DR. WADE:** Okay. Right.

16 **DR. ZIEMER:** Also you -- go ahead, Larry, you
17 can approach the mike. I was just going to
18 point out that the document you received from
19 John Ramsport (sic) and the one from Dr. McKeel
20 last night, both are their critiques of that
21 document.

22 **MR. ELLIOTT:** Yes, they're critiques of -- I'm
23 sorry, Dan is not here right now --

24 **DR. ZIEMER:** Of that -- of that appendix.

25 **MR. ELLIOTT:** -- of that appendix, yes. They -

1 - in their critiques they have not taken, I
2 don't believe, any comment on 6000 itself.

3 **DR. NETON:** Right.

4 **MR. ELLIOTT:** That goes to how we reconstruct
5 the uranium dose at GSI. As Jim says, this
6 appendices deals with how we reconstruct the
7 Betatron dose, and that's where their concerns
8 lie. So that's what I was going to say.
9 I'd also offer that there -- as I showed in --
10 what day was it now -- Tuesday's program
11 update, there are eight appendices completed
12 and another eight that are in review right now
13 and will be shortly concluded. And you know, I
14 don't know how you want to deal with those, but
15 if you're looking at one -- these are very
16 concise, small-page documents so I think -- I
17 think there's only 12 pages of this GSI
18 appendices and the others are very similar in
19 their extent and content, and we would welcome
20 whatever review you might feel necessary for
21 those other seven -- or 15 -- that are coming
22 out shortly.

23 **DR. ZIEMER:** Well, there's a couple of ways to
24 go about this. One would be to do it under a
25 procedures review. The other would be to have

1 a workgroup that's focused on GSI that would
2 pick up part of that as part of their charge.
3 Now where do we stand on GSI petition?

4 **UNIDENTIFIED:** (Off microphone) There is no
5 petition.

6 **DR. ZIEMER:** Is there --

7 **MR. ELLIOTT:** There is no -- there is --

8 **DR. ZIEMER:** No petition at the moment.

9 **MR. ELLIOTT:** Right, there is no GSI petition.
10 We have consistently commented to both Dr.
11 McKeel and Robert Stephan that -- and -- and
12 John Ramspott -- at any point in time they can
13 submit an 83.13, and they have chosen to
14 proceed as they have, so...

15 **DR. WADE:** And just to clarify, Jason, the
16 Senator's request is -- again, could you read
17 it?

18 **DR. ZIEMER:** I -- I -- yeah, I -- I got the
19 impression from earlier letters from McKeel
20 that -- which paralleled what Obama's staff was
21 saying, that they were calling for a GSI
22 workgroup. And if there's no petition, that
23 becomes a little awkward, perhaps.

24 **MR. BROEHM:** I'm just trying to find the
25 message so I can read you the exact words.

1 (Pause)

2 It says (reading) I would -- I would like to
3 formally request the Advisory Board to task
4 your auditor, Sanford Cohen & Associates, with
5 performing a full evaluation of TBD-6000.

6 **DR. ZIEMER:** There's something about a
7 workgroup --

8 **DR. WADE:** Not in his --

9 **DR. ZIEMER:** Oh, not in Obama's --

10 **MR. BROEHM:** I don't think there was anything
11 in here about a workgroup --

12 **DR. ZIEMER:** Oh, okay, so it was only in the
13 Ramspott or the McKeel letter --

14 **DR. WADE:** He's asking for TBD-6000, and you
15 would assume and its appendices, particularly
16 the one that deals with GSI.

17 **DR. ZIEMER:** That's what he's actually
18 referring to.

19 **DR. WADE:** Right, so I just (unintelligible)
20 what he's asking for, we can do what we want.

21 **DR. ZIEMER:** Okay. Larry?

22 **MR. ELLIOTT:** I only offer up that these other
23 appendices are either there or forthcoming, and
24 -- and in my thinking, you know, it -- it goes
25 to procedures and how we do this dose

1 reconstruction work, and so --

2 **DR. ZIEMER:** Yeah.

3 **MR. ELLIOTT:** -- you know, why not -- I guess
4 I'm saying why not put them all under --

5 **DR. ZIEMER:** Right.

6 **MR. ELLIOTT:** -- the procedures workgroup and
7 have them all examined, starting with GSI.

8 **DR. ZIEMER:** In the absence of a petition at
9 this point, that makes sense. Comment, Jim?

10 **DR. MELIUS:** No, I -- I would agree with -- I
11 think what you're saying, which is Wanda's
12 group should -- procedures group should --
13 should get this one -- yeah, pile it on.

14 **MS. MUNN:** (Off microphone) (Unintelligible)

15 **DR. MELIUS:** But what I was --

16 **DR. ZIEMER:** She may need an extra member of
17 her group.

18 **MS. MUNN:** (Off microphone) Yeah, we've had
19 (unintelligible).

20 **DR. MELIUS:** Okay, Paul just volunt... Can I
21 volunteer the Cha-- no, that's probably --
22 yeah, dangerous, right.

23 In response to sort of Larry's comment and so
24 forth, I would just urge that -- especially
25 since I think I know what the next letter is

1 that he's going to read is suggesting that we
2 meet the next time in Illinois. And to the
3 extent that's possible, it would be nice to
4 have the -- this review done or well underway
5 by that -- that time, so I would just think --
6 or at least prioritize -- we're going to look
7 at all the appendices, at least prioritize so
8 that we do the relevant one first. I don't
9 think -- and I think -- I don't think Larry
10 would disagree.

11 **MR. ELLIOTT:** Oh, no, no, I'm up for something
12 else here. I mean same topic, but I would like
13 the Board and SC&A to know that we are planning
14 a worker outreach at GSI to explain to them how
15 we deliver -- or how we're doing dose
16 reconstruction under this and see, you know,
17 how they -- what their reaction is to our
18 approach and whether we need to change it
19 because we didn't get it right. So we'll
20 certainly notify the Board and -- and your
21 members and SC&A when we finalize the -- the
22 time frame for that -- that visit down there to
23 GSI.

24 **DR. ZIEMER:** Well, it seems clear that
25 certainly the review, from the Board's point of

1 view, can be carried out by -- by our
2 procedures review committee. The -- the issue
3 of SC&A, I don't know if we -- they can
4 certainly do that task under --

5 **DR. WADE:** But I would ask SC&A to -- to begin
6 immediately the review of TBD-6000 and TBD-6001
7 under Task III. That would include a review of
8 the appendices, and we would ask you to begin
9 with General Steel Industries.

10 **DR. MAURO:** It wasn't until now that I realized
11 that there are a large number of appendices
12 dealing with different sites. Okay? Certainly
13 we can do 6000 and 6001 and the GSI appendix
14 within the budget -- 'cause I looked at the
15 scope of work and I looked at the budget we
16 have left, and we do have resources to do that.
17 I'm a little uncomfortable saying that we could
18 review 15 or more --

19 **DR. ZIEMER:** Well, the others --

20 **DR. MAURO:** -- of these (unintelligible) --

21 **DR. ZIEMER:** -- are coming down the line. I
22 guess they're --

23 **DR. MAURO:** And we'll deal with those next
24 (unintelligible).

25 **DR. ZIEMER:** And we'll deal with them next

1 year. I think --

2 **DR. MAURO:** As long as that's appreciated --

3 **DR. ZIEMER:** -- we can limit to -- to this one

4 --

5 **DR. MAURO:** I understand.

6 **DR. ZIEMER:** -- this time. Okay.

7 **DR. WADE:** We weren't going to take that small
8 offer you made and drive a truck through it.

9 **MS. MUNN:** (Off microphone) He said eight,
10 John, eight (unintelligible) --

11 **DR. ZIEMER:** Okay, does that complete that
12 item?

13 **DR. WADE:** I believe so, but I think it's im--
14 and that's something you can begin immediately,
15 John, and the contracting officer will -- will
16 so notify you.

17 **DR. ZIEMER:** I'm going to back up a moment to
18 the Bethlehem Steel multiple motions. I want
19 to clarify one thing. In -- in separating the
20 motion into two, I failed to point out --
21 because I failed to notice it -- that the very
22 first sentence of the first motion says I move
23 that action on Bethlehem Steel be postponed --

24 **DR. MELIUS:** Uh-huh.

25 **DR. ZIEMER:** -- and that we set up the

1 workgroup. But the dividing of the -- of the
2 motion technically should move that wording
3 into the last part --

4 **DR. MELIUS:** Yeah.

5 **DR. ZIEMER:** -- and I think -- I just want to
6 make it -- make sure -- the effect is -- is no
7 different, but the -- the first motion would
8 say I move that the Board establish a working
9 group --

10 **DR. MELIUS:** Yeah.

11 **DR. ZIEMER:** -- et cetera.

12 **MS. MUNN:** Right.

13 **DR. ZIEMER:** I just want to make sure that --
14 that that's clear. Okay.

15 (Pause)

16 **FUTURE SCHEDULES**

17 We're actually -- we're up to future schedules
18 or we can take a break. I -- you want to --
19 future schedules won't take that long, will it?

20 **DR. WADE:** (Off microphone) No,
21 (unintelligible) discuss locations.

22 **MS. MUNN:** (Off microphone) Oh, I don't know,
23 if you (unintelligible) --

24 **DR. ZIEMER:** Well, it may.

25 **DR. WADE:** Well, we could -- well, we can do

1 anything for a long time. Do you want to take
2 a break or not?

3 **MS. MUNN:** Yeah.

4 **DR. ZIEMER:** Not unless --

5 **MS. MUNN:** No?

6 **DR. ZIEMER:** I -- let's -- let's proceed.

7 **MR. BROEHM:** Okay. I think this is the last
8 Obama letter for this meeting. Dear Dr. Ziemer
9 -- or actually I should clarify, it's not just
10 from Senator Obama. It's also from
11 Representatives Judy Biggert and Jerry Weller
12 from Illinois, as well.

13 (Reading) Dear Dr. Ziemer, it is our
14 understanding that the National Institute for
15 Occupational Safety and Health has recently
16 completed its revised Blockson Special Exposure
17 Cohort evaluation report and that this
18 evaluation and the Blockson SEC petition in
19 general will be discussed when the Advisory
20 Board on Radiation and Worker Health convenes
21 this week in Richland, Washington.

22 Although it will be discussed, it is also our
23 understanding that the Blockson SEC will not be
24 voted upon at this time. We appreciate the
25 fact that the Advisory Board hosted its

1 November 2006 meeting in the Chicago area so
2 that the Blockson workers and their families
3 could attend and have their voices heard
4 regarding their ongoing pursuit for
5 compensation. If at all possible, we
6 respectfully request that the Advisory Board
7 consider holding the meeting at which the
8 Blockson SEC petition will be voted upon as
9 close to Chicago as possible so that the
10 Blockson workers and their families may attend
11 in person.

12 Additionally, at its November 2006 meetings the
13 Advisory Board agreed to Senator Obama's
14 request that Sanford Cohen & Associates
15 complete a review of the revised Blockson
16 evaluation report. We respectfully request
17 your assistance in obtaining a copy of this
18 report as soon as it is made available to the
19 Advisory Board. Sincerely, Barack Obama,
20 United States Senator; Congresswoman Judy
21 Biggert; and Congressman Jerry Weller.

22 **DR. ZIEMER:** Thank you very much. The
23 locations that we had on our list as
24 possibilities included the Chicago area, Las
25 Vegas near the Test Site, Pittsburgh near the

1 NUMEC site -- was there one other one? We
2 periodically talk about Pantex, but that's not
3 on our screen very much at the moment, so --
4 any preferences, Board members, to give Lew
5 guidance on this as -- we don't always know
6 availability of hotels and so on at a given
7 time.

8 **MR. PRESLEY:** If we're going to Chicago let's
9 go now rather than the middle of winter like we
10 did when it was --

11 **DR. ZIEMER:** Well, October in Chicago's not a
12 bad time. Actually it's quite pleasant there.

13 **DR. WADE:** Just so you know, our next meeting
14 is October 3, 4, 5. The next meeting after
15 that is January 8, 9 and 10.

16 **MR. PRESLEY:** Yeah.

17 **DR. ZIEMER:** That's when you want to go to
18 Chicago.

19 **DR. WADE:** A mite chilly.

20 **MR. PRESLEY:** It was -- it was five degrees
21 above zero when we were there the last time.

22 **DR. WADE:** We could go Chicago in October and
23 Nevada Test Site in January.

24 **MR. PRESLEY:** Let's go to Dallas in January.

25 **DR. ZIEMER:** Any suggestions or objections --

1 Dr. Melius.

2 **DR. MELIUS:** Well, I would certainly be -- I do
3 think that it makes sense to -- I would put
4 Illinois at the top of the list, Chicago area,
5 simply 'cause I -- I do -- I do think we may be
6 able to resolve Blockson or be close enough
7 where a meeting would be -- be in order there.
8 I think that -- I just would ask that we keep
9 Nevada on the list as a possible sites 'cause
10 we do have that evaluation report coming out
11 and I think -- I think it's useful to get a
12 meeting at -- it's a large site and fair amount
13 of interest in this program (unintelligible)
14 out there.

15 I would also ask that we do continue to try to
16 move along on the 250-day issue, though, also
17 and try to get that done by the -- the October
18 meeting if we can, at least -- least for some
19 Board discussion at -- at that meeting. I -- I
20 neglected to bring it up, but when we were
21 talking about Ames we do have a -- as part of
22 that, we are looking at the Ames Laboratory and
23 we actually have a report from SC&A re--
24 regarding that's relevant to the -- specific to
25 the 250-day issue, so I think we -- we should

1 be ready on that.

2 **DR. ZIEMER:** John?

3 **DR. MAURO:** Yes, I -- in light of this
4 discussion I'd just like to point out that we
5 did deliver recently our Blockson report. It -
6 - however, I believe it has not yet been PA
7 reviewed. I think there's a footnote on the
8 bottom that says it has not, so just to alert
9 you so that it doesn't -- so that it can be
10 made avail-- right now it cannot be made
11 available for widespread distribution, so it
12 sounds like that should be something that we
13 could move through so that the delegation could
14 have access to that report also.

15 **DR. ZIEMER:** That -- is that currently under
16 review, do we know, by --

17 **DR. MAURO:** It was delivered --

18 **DR. ZIEMER:** It was delivered and is under --

19 **DR. MAURO:** Yeah, but it hasn't --

20 **DR. ZIEMER:** Okay.

21 **MS. MUNN:** It is under review.

22 **DR. ZIEMER:** Thank you. Other Board members
23 want to weigh in on --

24 **MR. PRESLEY:** Lew?

25 **DR. ZIEMER:** Okay, you're -- you're sort of --

1 you're --

2 **DR. MELIUS:** No, I have a separate comment but
3 the --

4 **DR. ZIEMER:** Let me --

5 **DR. MELIUS:** Yeah, catch the --

6 **MR. PRESLEY:** You want to stay in Chicago or
7 outside?

8 **DR. ZIEMER:** Western suburbs is probably
9 preferable for both the workers and for access
10 to O'Hare.

11 **MR. PRESLEY:** Naperville where we stayed before
12 was -- you know, the accommodations --

13 **DR. ZIEMER:** Well, we were -- we --

14 **MR. PRESLEY:** -- were mighty good there.

15 **DR. ZIEMER:** We were in Naperville before.

16 **DR. WADE:** Okay.

17 **MR. PRESLEY:** And it's easy to get to.

18 **DR. WADE:** I will --

19 **MR. PRESLEY:** It's not that far.

20 **DR. WADE:** -- aim for Naperville.

21 **DR. ZIEMER:** The -- the site itself is in
22 Joliet?

23 **MR. PRESLEY:** Joliet, which is not that far
24 from Naperville.

25 **DR. ZIEMER:** Well, that's fairly close,

1 **DR. MELIUS:** Well, whoever --

2 **MS. HOMOKI-TITUS:** -- SC&A (unintelligible) --

3 **DR. MELIUS:** Okay.

4 **MS. HOMOKI-TITUS:** -- (unintelligible).

5 **DR. MELIUS:** Okay. Well, whoever's --

6 **DR. ZIEMER:** It -- it --

7 **DR. WADE:** There is a procedure in place and we
8 should (unintelligible) --

9 **DR. MELIUS:** Yeah.

10 **DR. ZIEMER:** Right. Yeah, remember, there's a
11 -- some time lag before -- I mean give -- Ray's
12 doing a lot of minutes for -- or not minutes,
13 but transcripts, and so not all of this is in
14 Privacy review. Ray has to get the transcripts
15 out. I don't know how long a review takes. Of
16 course it depends on the length of what they're
17 reviewing, but --

18 **MR. ELLIOTT:** Well, it's not my place to talk
19 about all of the procedures, but I do want to
20 speak about those aspects of the process that
21 I'm responsible for. Any document that is
22 generated by NIOSH staff or its contractors
23 that will come into your deliberations, we have
24 -- and that includes whatever documentation we
25 provide in support of one of our evaluation

1 reports or Technical Basis Document, Technical
2 Information Bulletin, that has to be reviewed
3 by the Privacy Act office. We assist them in
4 that process as best we can.

5 If it's a worker outreach meeting that we
6 sponsor -- and I'm sorry Dr. McKeel's not here
7 again because I'd like for him to hear me state
8 this to -- on the record, I've said it to him
9 before, but if it's a worker outreach meeting
10 that we sponsor at NIOSH, then we assemble
11 minutes from that, notes from that -- that
12 worker outreach meeting. We -- we are not
13 allowed to put individual identifiers or names
14 in those minutes. We collect a signup sheet
15 and we note who was at the -- at the meeting.
16 But once those minutes are posted on our web
17 site, they are redacted so that no individuals'
18 names appear and -- and so, again, that's
19 Privacy Act office doing that.

20 What's outside of my area of responsibility is
21 -- as Liz has indicated off record here, or off
22 mike -- is that anything that is generated by -
23 - oh, here she is so I'll let her talk about
24 it.

25 **MS. HOMOKI-TITUS:** I will go on the record for

1 everyone's information. The Office of General
2 Counsel, at the request of the Designated
3 Federal Official, only does Privacy Act review
4 for the SC&A documents. We do have a procedure
5 where our legal technician works with their
6 document control officer to provide all of
7 those documents to us. Dr. Wade and the
8 contracting officer are aware of when we
9 receive those documents and if a deadline has
10 been provided to us, we do try very hard to
11 meet the deadlines. Although I do have to say
12 that the only document we have for review right
13 now we were not provided a deadline. If there
14 is one, then obviously we can speed up that
15 review, but we are only responsible for SC&A
16 documents. Everything else goes either to OCAS
17 or to the Privacy Act office.

18 **DR. ZIEMER:** Thank you, Liz.

19 **MR. ELLIOTT:** And just to complete this little
20 segment for you, I feel that it's important for
21 everyone to know that the Privacy Act office
22 gets everything. They get whatever Liz's
23 office also looks at. They get whatever my
24 office looks at. And they're the final
25 determination point and so they're very busy.

1 **DR. ZIEMER:** So there's another level after
2 this, of review?

3 **MR. ELLIOTT:** Well, our -- I have -- I have two
4 staff members in my shop that provide a -- a
5 review and identify things for the Privacy Act
6 officer. The same goes on, I believe, with --
7 with Liz, or they work in concert with the
8 Privacy Act office doing the same kind of a
9 thing. We work together -- Liz, Emily and Dr.
10 Wade and I -- trying to prioritize these
11 reviews for the Privacy Act office, based upon
12 the needs of the Board. And then we also work
13 together to try to prioritize our -- our
14 excellent transcriptionist's efforts on what
15 needs to come out of his office first, or
16 second, third and fourth, so -- and -- and I
17 would just like to be on the record saying I
18 think Ray Green does a great job and it's not
19 because of him that some of these documents are
20 not out in the public, you know, as -- as
21 quickly as everybody would like them to be.

22 **DR. ZIEMER:** Well, I think the Board will all
23 second that we applaud the work of our court --

24 **DR. WADE:** Let's not have any of that. I mean
25 --

1 **DR. ZIEMER:** -- Ray --

2 **DR. WADE:** We do have procedures in place, they
3 are written procedures. We'll bring them and
4 present them on the call in September so that
5 the Board can be aware of them and, again, we
6 could talk about them now. There are three
7 types of documents. There -- it gets very
8 complex as to whether SC&A generates them,
9 NIOSH generates them or somebody else generates
10 them. And you know, we've been working very
11 hard at clearing them through, and I think
12 we've been doing better at it, but we'll tell
13 the Board in detail.

14 **MR. ELLIOTT:** I think the one thing I forgot to
15 mention when I was talking before Liz got
16 behind me here was what I -- what I've talked
17 to Dr. McKeel about is another source of
18 information that comes to us, and that is
19 generated by -- by a petitioner or an advocate
20 that thinks it's important and needs to get
21 into the public venue. And our web site -- we
22 have to be careful with what goes on the web
23 site. We can't just be placing information on
24 the web site that -- that another person views
25 as relevant and important. We have to look at

1 that and determine if it's relevant. So it is
2 in our judgment what goes on the web site. The
3 testimonies that Dr. McKeel and John Ramspott
4 have provided us from worker outreach efforts
5 that they sponsored -- not that we've sponsored
6 but they sponsored -- that's -- that's very
7 much center at -- at -- at center on what his
8 concerns are about these things getting up on
9 the web site. It took us a while to get those
10 through our Privacy Act office and get them so
11 that -- in a shape that -- and get agreement
12 that these are the kind of things that go on
13 our web site, so...

14 **DR. ZIEMER:** Thanks. Do we have another
15 comment from --

16 **DR. MELIUS:** Yeah -- yeah, I just -- additional
17 comment and hopefully this'll be on the agenda
18 for the next meeting. I passed on an e-mail to
19 Larry, Lew and to Paul with some concerns about
20 the web site and about the need to make sure
21 that we -- we provide a little bit better
22 service to the petitioners and other people
23 interests in terms of how -- what documents are
24 on the web site and how they are organized and
25 -- and -- and indexed, so to speak. And

1 particularly many of the SC&A documents are not
2 making it to the web site and assuming not in a
3 consistent fashion and I think that it's very
4 confusing and frankly very unfair to people on
5 the outside who are trying to deal with some of
6 these issues and had some suggestions -- I know
7 Larry's reviewing those now and Lew and
8 hopefully will take them up at the next one,
9 but -- but I really think we need to address
10 that. And the Privacy Act thing becomes part
11 of it only in that -- that not only currently
12 do documents, you know, spend a certain amount
13 of time in -- in Privacy Act review, but the
14 way we handle things now, people are often
15 unaware that they are in Privacy Act review so
16 that some on the outside may not know what
17 we're even reviewing, let alone the -- the
18 content of those and I think that is --

19 **DR. ZIEMER:** Yeah.

20 **DR. MELIUS:** -- problematic, so I would hope by
21 the next meeting that we can at least have a
22 procedure in place to try to better address
23 that -- those issues.

24 **DR. ZIEMER:** It might be possible to think
25 about having -- if a document in that category

1 has arrived in the sense that it could be
2 identified on the web site as under review,
3 that will --

4 **DR. MELIUS:** Yeah, which was -- which was --
5 yeah, which I suggested that we just say it's
6 Privacy Act, it's expected to take four weeks
7 or whatever.

8 **DR. ZIEMER:** Yeah, but -- but it does exist and
9 it --

10 **DR. MELIUS:** Yeah.

11 **DR. ZIEMER:** -- will show up at some point.

12 **DR. MELIUS:** Yeah.

13 **DR. ZIEMER:** John, a comment?

14 **DR. MAURO:** Yes, I'd like to just ask some
15 guidance from the Board regarding our Dow
16 report. We -- quite some time ago, I believe
17 at the Mason meeting, we were asked to review
18 the -- the Dow SEC petition, which we did.
19 Then on the May 2nd meeting I believe there was
20 also an evaluation report and -- that was in
21 place, which we did review, and at the same
22 time we were asked to review an additional 700
23 pages of new material that was placed on the
24 system and we were also asked to parti-- to
25 participate in a -- an outreach program with

1 Dr. McKeel, which we did. So at that time we
2 were asked by the Board to perform those
3 functions and, to the extent possible, to
4 explore some of the technical issues related to
5 dose reconstruction for thorium post-1960. Now
6 we --

7 **DR. ZIEMER:** Yeah, and actually in our -- we --
8 we got off on the DOL and DOE stuff, and SE--
9 SC&A was supposed to be part of that and the
10 Chair forgot about that. I'll attribute that
11 to old age and that's my position. But anyway,
12 we were to, at this meeting, hear a report from
13 SC&A on that --

14 **DR. MAURO:** Yes, that's why --

15 **DR. ZIEMER:** -- and so --

16 **DR. MAURO:** Well, yes --

17 **DR. ZIEMER:** -- having overlooked you, John, I
18 now recognize you for that report.

19 **DR. MAURO:** We've completed as mu-- let me
20 describe it this way. When we reviewed the 700
21 pages of additional material, and when we
22 participated in the meeting with Dr. McKeel,
23 one of our mandates was to try to obtain
24 information regarding thorium practices. We
25 were able to get minimal information because we

1 only really were able to information that
2 covered from '57 to '60. I -- I -- I was
3 listening in to the conversations regarding
4 post-1960. I understand there's still some
5 legal issues that are being explored there. So
6 what I could say right now is that the work
7 that we've completed to date addresses
8 primarily the same subjects and we have the
9 same findings as we did at -- when I reported
10 on May 2nd. We don't have anything of
11 substance to add regarding the ability to -- or
12 the performance of dose reconstructions for
13 thorium in the post-1960 time period. We -- we
14 were -- if in fact we're given direction to try
15 to obtain some records, it's my understanding
16 we would work with NIOSH to seek additional
17 records that would cover the post-1960 time
18 period from Dow and -- Spectrulite I believe is
19 the other company. We -- we have not done
20 that. So where we are right now is we do have
21 a report. The report can be delivered to you
22 shortly. The only thing we're still doing is
23 we recently received the transcript -- turns
24 out Dr. McKeel and the law firm that -- I guess
25 where -- where the meeting was held, tr-- did a

1 transcript, and we have that transcript now.
2 We're reviewing it and we're a week away, two
3 weeks away from having what I would call a
4 final report of those activities. But as I
5 said, it is constrained in that it really
6 doesn't go well into the post-1960 time period.

7 **DR. ZIEMER:** Right. But it is a report on
8 what we tasked you to do, and -- and is a
9 deliverable, I would -- I guess.

10 **DR. MAURO:** And -- and it is, and we're
11 prepared to deliver it shortly.

12 **DR. ZIEMER:** Right. Thank you very much for
13 reminding me that we had that update.

14 **DR. WADE:** (Off microphone) (Unintelligible)

15 **DR. ZIEMER:** We -- we think we're through the
16 agenda. Let me ask if there are any other
17 items to come before us that any of you know
18 of.

19 (No responses)

20 Mark is back. Mark, while you were away we
21 made the following appointments for you.

22 No, I --

23 **UNIDENTIFIED:** (Off microphone)

24 (Unintelligible)

25 **DR. WADE:** We have.

1
2
3
4
5
6
7
8
9

DR. ZIEMER: I think we have completed all of our business. Thank you all for good, hard work over the last three days. We stand adjourned.

(Whereupon, the meeting was concluded at 3:10 p.m.)

1

CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 19, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 20th day of Sept., 2007.

STEVEN RAY GREEN, CCR
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102

2

3